

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
BROWNSVILLE DIVISION**

STATE OF TEXAS, *et al.*,

Plaintiffs,

V.

Case No. 1:18-CV-68

UNITED STATES OF AMERICA, *et al.*,

Defendants,

and

KARLA PEREZ, *et al.*,

Defendant-Intervenors,

and

STATE OF NEW JERSEY,

Defendant-Intervenor.

**APPENDIX IN SUPPORT OF DEFENDANT-INTERVENORS' OPPOSITION TO
PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION**

Volume 2

Exhibits 26 - 40

DEF-INTERV.

EX. 26

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**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION**

THE REGENTS OF THE UNIVERSITY OF
CALIFORNIA and JANET NAPOLITANO,
in her official capacity as President of the
University of California,

Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
SECURITY and ELAINE DUKE, in her
official capacity as Acting Secretary of the
Department of Homeland Security,

Defendants.

CASE NO. 17-CV-05211-WHA

DECLARATION OF JORGE A. AGUILAR

STATE OF CALIFORNIA, STATE OF
MAINE, STATE OF MARYLAND, and
STATE OF MINNESOTA,

Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
SECURITY, ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
of Homeland Security, and the UNITED
STATES OF AMERICA,

Defendants.

CASE NO. 17-CV-05235-WHA

CITY OF SAN JOSE, a municipal corporation,

Plaintiffs,

v.

DONALD J. TRUMP, President of the United
States, in his official capacity, ELAINE C.
DUKE, in her official capacity, and the
UNITED STATES OF AMERICA,

Defendants.

CASE NO. 17-CV-05329-WHA

DULCE GARCIA, MIRIAM GONZALEZ
AVILA, SAUL JIMENEZ SUAREZ,
VIRIDIANA CHABOLLA MENDOZA,
NORMA RAMIREZ, and JIRAYUT
LATTHIVONGSKORN,

Plaintiffs,

v.

UNITED STATES OF AMERICA, DONALD
J. TRUMP, in his official capacity as President
of the United States, U.S. DEPARTMENT OF
HOMELAND SECURITY, and ELAINE
DUKE, in her official capacity as Acting
Secretary of Homeland Security,

Defendants.

CASE NO. 17-CV-05380-WHA

COUNTY OF SANTA CLARA and
SERVICE EMPLOYEES INTERNATIONAL
UNION LOCAL 521,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States, JEFFERSON
BEAUREGARD SESSIONS, in his official
capacity as Attorney General of the United
States; ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
of Homeland Security; and U.S.
DEPARTMENT OF HOMELAND
SECURITY,

Defendants.


CASE NO. 17-CV-05813-WHA

1 I, JORGE A. AGUILAR, declare:

- 2 1. I am the Superintendent of the Sacramento City Unified School District ("District"), a school
3 district of more than 43,000 students with many immigrant students from all parts of the world.
4 Students come from families that speak at least 48 different languages, including Spanish,
5 Hmong, Armenian, Korean, Tagalog, Cantonese, Arabic, Vietnamese and Russian.
- 6 2. Sixty four percent (64%) of District students qualify for free or reduced lunch. 17,104 students
7 are of Latino descent. In 2015-16, nearly one-third of students were English language learners or
8 non-native speakers.
- 9 3. The repeal of DACA has negatively impacted many students' abilities to focus on their studies.
10 When it was announced that DACA would end, many of those students became fearful of what
11 the decision meant for them, their undocumented relatives and friends.
- 12 4. Many teachers in the District have reported their students experiencing trauma in the classroom
13 because of this decision. It has been a major distraction in the classroom. In fact, the District has
14 had to create a guide for teachers to help them manage students dealing with this trauma.
15 Teaching and learning cannot happen in our classrooms if students' basic needs are not met.
- 16 5. If the DACA program were eliminated, it would have a severe impact on the District's students.
17 The elimination of work authorization for parents and guardians would likely result in many
18 students withdrawing from the District. Students and/or their parents could be subject to
19 deportation, which would undoubtedly impact their long term academic success.
- 20 6. The DACA program has increased the diversity of the District's workforce as well. We have a
21 number of employees, both credentialed and classified, with DACA status.
- 22 7. These employees have made meaningful connections with our students, especially those students
23 who have shared cultural and linguistic backgrounds.
- 24 8. The District desires to retain and continue to hire any such individuals who can benefit its
25 students and the District as a whole by adding to its diversity and improving educational
26 outcomes for all students.

27 I declare under penalty of perjury under the laws of the United States that the foregoing is true and
28 correct.

Executed on October 25, 2017, at Sacramento, California



Jorge A. Aguilar
Superintendent, Sacramento City Unified School
District

DEF-INTERV.

EX. 27

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**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION**

THE REGENTS OF THE UNIVERSITY OF
CALIFORNIA and JANET NAPOLITANO,
in her official capacity as President of the
University of California,

Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
SECURITY and ELAINE DUKE, in her
official capacity as Acting Secretary of the
Department of Homeland Security,

Defendants.

CASE NO. 17-CV-05211-WHA

DECLARATION OF DAVID R. ANDERSON

1 STATE OF CALIFORNIA, STATE OF
2 MAINE, STATE OF MARYLAND, and
3 STATE OF MINNESOTA,
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5 Plaintiffs,
6
7 v.
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9 U.S. DEPARTMENT OF HOMELAND
10 SECURITY, ELAINE DUKE, in her official
11 capacity as Acting Secretary of the Department
12 of Homeland Security, and the UNITED
13 STATES OF AMERICA,
14
15 Defendants.

CASE NO. 17-CV-05235-WHA

9 CITY OF SAN JOSE, a municipal corporation,
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11 Plaintiffs,
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13 v.
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15 DONALD J. TRUMP, President of the United
16 States, in his official capacity, ELAINE C.
17 DUKE, in her official capacity, and the
18 UNITED STATES OF AMERICA,
19
20 Defendants.

CASE NO. 17-CV-05329-WHA

15 DULCE GARCIA, MIRIAM GONZALEZ
16 AVILA, SAUL JIMENEZ SUAREZ,
17 VIRIDIANA CHABOLLA MENDOZA,
18 NORMA RAMIREZ, and JIRAYUT
19 LATTHIVONGSKORN,
20
21 Plaintiffs,
22
23 v.
24
25 UNITED STATES OF AMERICA, DONALD
26 J. TRUMP, in his official capacity as President
27 of the United States, U.S. DEPARTMENT OF
28 HOMELAND SECURITY, and ELAINE
DUKE, in her official capacity as Acting
Secretary of Homeland Security,
Defendants.

CASE NO. 17-CV-05380-WHA

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COUNTY OF SANTA CLARA and
SERVICE EMPLOYEES INTERNATIONAL
UNION LOCAL 521,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States, JEFFERSON
BEAUREGARD SESSIONS, in his official
capacity as Attorney General of the United
States; ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
of Homeland Security; and U.S.
DEPARTMENT OF HOMELAND
SECURITY,

Defendants.

CASE NO. 17-CV-05813-WHA

1 I, DAVID R. ANDERSON, declare:

2 1. I am the President of St. Olaf College, a private liberal arts college in Northfield,
3 Minnesota. I have held this position since July 2006. St. Olaf enrolls approximately 3,000 students
4 from across the country and around the world.

5 2. St. Olaf's mission statement, among other things, commits it to be "an inclusive, globally
6 engaged community." The phrase "inclusive, globally engaged community" dedicates St. Olaf to
7 welcoming the people of the world and engaging with them. St. Olaf emphasizes learning in global
8

9 contexts and welcomes students and scholars from many parts of the world. St. Olaf is also dedicated to
10 being an inclusive college where people of diverse backgrounds and experiences can come together to
11 share ideas and learn from one another.

12 3. Approximately 10 students who attend St. Olaf participate in the Deferred Action for
13 Childhood Arrivals (DACA) program. These DACA students make valuable contributions to the St.
14 Olaf community.

15 4. The rescission of DACA will negatively affect St. Olaf's ability to fulfill its mission
16 statement. The rescission will impede St. Olaf's ability to foster relationships between people of
17 different backgrounds because the DACA students, who bring diverse perspectives and experiences to
18 the college, may be unable to afford tuition due to their loss of work authorization and may be subject to
19 deportation. The potential deportation of these students and the rescission of their legal status goes
20 against St. Olaf's commitment to diversity and inclusivity. Moreover, the rescission of DACA will
21 adversely impact the diversity of the talent pool of potential St. Olaf students, which will make it more
22 difficult for St. Olaf to fulfill its strategic plan of increasing the diversity of St. Olaf students.

23 5. The rescission of DACA will also negatively affect St. Olaf's tuition revenue. DACA
24 students who are enrolled in St. Olaf may drop out because they are unable to work to meet their
25 educational expenses, because they determine that the cost of a college education is not worth the
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1 substantial investment of time and money if they are not able to work after graduation, or because they
2 are deported. Additionally, the rescission of DACA will reduce the potential student population,
3 decreasing the future stream of tuition revenue for St. Olaf.
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6 I declare under penalty of perjury under the laws of the United States that the foregoing is
7 true and correct.

8 Executed on 23 October, 2017, in Northfield, Minnesota.

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11 DAVID R. ANDERSON
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DEF-INTERV.

EX. 28

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Plaintiffs,

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U.S. DEPARTMENT OF HOMELAND
SECURITY and ELAINE DUKE, in her
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Department of Homeland Security,

Defendants.

CASE NO. 17-CV-05211-WHA

DECLARATION OF RON ANDERSON

DECLARATION OF RON ANDERSON

All DACA Cases (Nos. 17-5211, 17-5235, 17-5329, 17-5380, 17-5813)

STATE OF CALIFORNIA, STATE OF
MAINE, STATE OF MARYLAND, and
STATE OF MINNESOTA,

Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
SECURITY, ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
of Homeland Security, and the UNITED
STATES OF AMERICA,

Defendants.

CASE NO. 17-CV-05235-WHA

CITY OF SAN JOSE, a municipal corporation,

Plaintiffs,

v.

DONALD J. TRUMP, President of the United
States, in his official capacity, ELAINE C.
DUKE, in her official capacity, and the
UNITED STATES OF AMERICA,

Defendants.

CASE NO. 17-CV-05329-WHA

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AVILA, SAUL JIMENEZ SUAREZ,
VIRIDIANA CHABOLLA MENDOZA,
NORMA RAMIREZ, and JIRAYUT
LATTHIVONGSKORN,

Plaintiffs,

v.

UNITED STATES OF AMERICA, DONALD
J. TRUMP, in his official capacity as President
of the United States, U.S. DEPARTMENT OF
HOMELAND SECURITY, and ELAINE
DUKE, in her official capacity as Acting
Secretary of Homeland Security,

Defendants.

CASE NO. 17-CV-05380-WHA

COUNTY OF SANTA CLARA and
SERVICE EMPLOYEES INTERNATIONAL
UNION LOCAL 521,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States, JEFFERSON
BEAUREGARD SESSIONS, in his official
capacity as Attorney General of the United
States; ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
of Homeland Security; and U.S.
DEPARTMENT OF HOMELAND
SECURITY,

Defendants.

CASE NO. 17-CV-05813-WHA

DECLARATION OF RON ANDERSON

All DACA Cases (Nos. 17-5211, 17-5235, 17-5329, 17-5380, 17-5813)

1 I, RON ANDERSON, declare:

2 1. I am the Senior Vice Chancellor of Minnesota State, a system of 37 colleges and
3 universities with 54 campuses across the state of Minnesota. I have held this position since June 2015.
4 Prior to my current position, I served as President of Century College, a large and diverse college within
5 the Minnesota State system. The majority of my more than 25 year-long career in higher education has
6 been spent serving within the Minnesota State system.
7

8 2. As Minnesota State's chief academic and student affairs officer, I am in charge of
9 leading the strategic planning, development, and administration of academic and student affairs,
10 initiatives, programs, and policies in fulfillment of the system's commitments to Minnesota.
11

12 3. Minnesota State is the fourth largest system of state colleges and universities in the
13 country. Minnesota State does not include the University of Minnesota. Minnesota State offers higher
14 education to more than 375,000 students every year. Minnesota State colleges and universities are
15 dedicated to helping all Minnesotans improve their futures and to sustaining Minnesota's diverse and
16 vibrant economy by supplying business and industry with a highly educated and skilled workforce.
17 Minnesota State serves a diverse group of students, including 63,000 students of color, 48,500 first-
18 generation college students, and 84,000 students with modest financial means.
19

20 4. Minnesota State has an enduring commitment to enhancing Minnesota's quality of life by
21 developing and fostering understanding and appreciation of a diverse society. It is Minnesota State's
22 goal to recruit and retain diverse students, faculty, and staff and to ensure a welcoming and supportive
23 environment on all of its campuses throughout the state. Minnesota State is committed to ensuring that
24 its campuses are places of inclusion and opportunity for all students and employees. Minnesota State
25 has long benefitted from the economic, scientific, and cultural contributions of students and scholars
26 from diverse backgrounds.
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1 5. The rescission of DACA will negatively affect Minnesota State's mission. Rescinding
2 DACA may cause any current Minnesota State students who are DACA recipients to drop out, either
3 because they are unable to afford to meet their educational expenses due to their loss of work
4 authorization or because they are deported. The loss of these students will deprive the system's colleges
5 and universities of the diverse backgrounds and perspectives of these students and will set back
6 Minnesota State's efforts to recruit and retain diverse students. The rescission of DACA will also
7 adversely impact the diversity of potential applicants to Minnesota State's universities and colleges.
8 Many DACA recipients will be unable to apply to Minnesota State institutions because they have been
9 deported or will be deterred from applying because the investment of a college education may not seem
10 worthwhile if they are unable to work after graduation. As a result, Minnesota State institutions will be
11 denied the diverse ideas and points of view that these potential DACA students would bring to enrich
12 the college and university communities for all students, faculty, and staff.

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14
15 6. In addition, rescinding DACA will deprive the Minnesota workforce of these students
16 and the contributions they can bring to Minnesota employers and communities.

17 7. The loss of DACA students will produce a corresponding decrease in tuition revenue for
18 Minnesota State institutions. The rescission of DACA will similarly decrease the pool of potential
19 students, reducing the future stream of tuition revenue for Minnesota State.
20

21 I declare under penalty of perjury under the laws of the United States that the foregoing is
22 true and correct.

23 Executed on October 25, 2017, in St. Paul, Minnesota.

24
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26 _____
27 RON ANDERSON
28

DEF-INTERV.

EX. 29

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**UNITED STATES DISTRICT COURT
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Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
 SECURITY and ELAINE DUKE, in her
 official capacity as Acting Secretary of the
 Department of Homeland Security,

Defendants.

CASE NO. 17-CV-05211-WHA

**DECLARATION OF DR. CLARENCE
 BRADDOCK III**

1 STATE OF CALIFORNIA, STATE OF
2 MAINE, STATE OF MARYLAND, and
STATE OF MINNESOTA,

3 Plaintiffs,

4 v.

5 U.S. DEPARTMENT OF HOMELAND
6 SECURITY, ELAINE DUKE, in her official
capacity as Acting Secretary of the
7 Department of Homeland Security, and the
UNITED STATES OF AMERICA,

8 Defendants.

CASE NO. 17-CV-05235-WHA

9 CITY OF SAN JOSE, a municipal corporation,

10 Plaintiffs,

11 v.

12 DONALD J. TRUMP, President of the United
13 States, in his official capacity, ELAINE C.
DUKE, in her official capacity, and the
14 UNITED STATES OF AMERICA,

15 Defendants.

CASE NO. 17-CV-05329-WHA

16 DULCE GARCIA, MIRIAM GONZALEZ
17 AVILA, SAUL JIMENEZ SUAREZ,
VIRIDIANA CHABOLLA MENDOZA,
18 NORMA RAMIREZ, and JIRAYUT
LATTHIVONGSKORN,

19 Plaintiffs,

20 v.

21 UNITED STATES OF AMERICA, DONALD
J. TRUMP, in his official capacity as President
22 of the United States, U.S. DEPARTMENT OF
HOMELAND SECURITY, and ELAINE
23 DUKE, in her official capacity as Acting
Secretary of Homeland Security,

24 Defendants.

CASE NO. 17-CV-05380-WHA

COUNTY OF SANTA CLARA and
SERVICE EMPLOYEES INTERNATIONAL
UNION LOCAL 521,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States, JEFFERSON
BEAUREGARD SESSIONS, in his official
capacity as Attorney General of the United
States; ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
of Homeland Security; and U.S.
DEPARTMENT OF HOMELAND
SECURITY,

Defendants.

CASE NO. 17-CV-05813-WHA

1 I, CLARENCE BRADDOCK III, DECLARE:

2 1. I am Vice Dean of Education at the David Geffen School of Medicine at the University of
3 California Los Angeles ("UCLA Medicine"). The matters set forth herein are true and correct of my
4 own personal knowledge and, if called as a witness, I could and would testify competently thereto.

5 2. I have been Vice Dean of Education at UCLA Medicine for nearly four years. In my
6 position, I oversee all aspects of medical education, including undergraduate, graduate, and postgraduate
7 medical programs. I develop, manage, and implement strategies, initiatives and programs to promote
8 and support education and training.

9 3. We have several Deferred Action for Childhood Arrivals ("DACA") status medical
10 students at UCLA Medicine, including 4th year medical students. The David Geffen School of
11 Medicine, like the wider University of California system, is dedicated to providing a place for students
12 who are the most qualified, meritorious and committed to their medical training and future patient care.
13 The DACA students currently enrolled at the David Geffen School of Medicine exemplify these
14 qualities. They are emblematic of our fundamental role as an institution of higher learning: to train the
15 most talented, hard-working, passionate young scholars to become the doctors and biomedical
16 researchers of tomorrow, regardless of gender, race, ethnicity or citizenship. These students are here not
17 because of their DACA status, but because they are exceptionally qualified and share a genuine desire to
18 care for, and heal, the sick.

19 4. If these UCLA medical student and residents lose their DACA status, they become
20 unemployable as physicians. They will not be able to practice medicine or even complete their residency
21 in the United States as both require employment authorization. Without DACA, these students and
22 residents would have no choice but to leave the United States in order to become practicing physicians.
23 This would result in a loss of promising young doctors from our medical care system.

24 5. The DACA policy rescission has also created the specific risk that our fourth year
25 students will not be offered medical residency positions. Because they will lose their employment
26 authorization without DACA status, they will be unable to complete or potentially even start their
27 residency programs. Our faculty and UCLA residency program advisors have shared with me their
28 significant concern about DACA students losing their status before or during residency, which means

1 that our hard-working and bright DACA students might not be offered residency interviews and/or
2 positions at all. This concern has become so acute that UCLA Medicine has offered to include language
3 in the Dean's Letter for our fourth year students explaining DACA status and expressing our support for
4 our DACA students. A Dean's Letter is provided to fourth year students applying for residency to
5 describe each student's potential as a doctor and encourage their acceptance into a residency program.
6 This language is being included in hopes it might help DACA students be considered for residency
7 programs.

8 6. Our DACA students have played an important role in enriching UCLA Medicine's
9 educational environment and curriculum. At UCLA Medicine, we consider cultivating a diverse
10 academic community as a way to drive excellence. A significant part of a medical student's training as a
11 future physician is cultural sensitivity and a thoughtful, candid, respectful connection with patients,
12 community members, and peers. Our DACA students come from incredibly diverse backgrounds and in
13 my experience have helped their peers to build a more culturally sensitive and competent educational
14 environment by sharing their perspectives and shaping our curriculum. For example, DACA students
15 have provided unique insight on delivering care to immigrant populations, stemming from their
16 understanding of both the American health system and the challenges immigrant families and
17 communities often face. Our DACA students are often able to draw on their own and their family's
18 experiences—in a way their peers cannot easily do—to provide context for the patient's choices and the
19 right approach to delivering health care to that patient. As a medical educator, I believe that first-hand
20 perspectives help all of our students to develop essential empathy and cross-cultural understanding that
21 makes them better doctors for California's diverse population.

22 7. Our DACA students' unique perspectives have also driven specific improvements in our
23 curriculum. Among the foundational concepts of our medical curriculum are understanding concepts
24 like implicit bias, stereotype threat, and micro-aggressions. Our DACA students brought to UCLA
25 Medicine's attention that some of our own case studies contained stereotypical descriptions and bias in
26 the terms used to describe a minority patient and, in another case, a migrant worker. This started
27 conversations about the existence of stereotypes and bias in the healthcare environment led by DACA
28 students, which sparked changes to these cases in our curriculum.

CLARENCE BRADDOCK III

DEF-INTERV.

EX. 30

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**UNITED STATES DISTRICT COURT
 NORTHERN DISTRICT OF CALIFORNIA
 SAN FRANCISCO DIVISION**

THE REGENTS OF THE UNIVERSITY OF
 CALIFORNIA and JANET NAPOLITANO,
 in her official capacity as President of the
 University of California,

Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
 SECURITY and ELAINE DUKE, in her
 official capacity as Acting Secretary of the
 Department of Homeland Security,

Defendants.

CASE NO. 17-CV-05211-WHA

DECLARATION OF SHAWN BRICK

DECLARATION OF SHAWN BRICK

All DACA Cases (Nos. 17-5211, 17-5235, 17-5329, 17-5380, 17-5813)

1 STATE OF CALIFORNIA, STATE OF
2 MAINE, STATE OF MARYLAND, and
STATE OF MINNESOTA,

3 Plaintiffs,

4 v.

5 U.S. DEPARTMENT OF HOMELAND
6 SECURITY, ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
7 of Homeland Security, and the UNITED
STATES OF AMERICA,

8 Defendants.

CASE NO. 17-CV-05235-WHA

9 CITY OF SAN JOSE, a municipal corporation,

10 Plaintiffs,

11 v.

12 DONALD J. TRUMP, President of the United
13 States, in his official capacity, ELAINE C.
DUKE, in her official capacity, and the
14 UNITED STATES OF AMERICA,

15 Defendants.

CASE NO. 17-CV-05329-WHA

16 DULCE GARCIA, MIRIAM GONZALEZ
17 AVILA, SAUL JIMENEZ SUAREZ,
18 VIRIDIANA CHABOLLA MENDOZA,
NORMA RAMIREZ, and JIRAYUT
LATTHIVONGSKORN,

19 Plaintiffs,

20 v.

21 UNITED STATES OF AMERICA, DONALD
J. TRUMP, in his official capacity as President
22 of the United States, U.S. DEPARTMENT OF
HOMELAND SECURITY, and ELAINE
23 DUKE, in her official capacity as Acting
Secretary of Homeland Security,

24 Defendants.

CASE NO. 17-CV-05380-WHA

COUNTY OF SANTA CLARA and
SERVICE EMPLOYEES INTERNATIONAL
UNION LOCAL 521,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States, JEFFERSON
BEAUREGARD SESSIONS, in his official
capacity as Attorney General of the United
States; ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
of Homeland Security; and U.S.
DEPARTMENT OF HOMELAND
SECURITY,

Defendants.

CASE NO. 17-CV-05813-WHA

DECLARATION OF SHAWN BRICK

All DACA Cases (Nos. 17-5211, 17-5235, 17-5329, 17-5380, 17-5813)

1 I, SHAWN BRICK, DECLARE:

2 1. I am the Associate Director for Student Financial Support at the University of California
3 Office of the President ("UCOP"). The matters set forth herein are true and correct of my own personal
4 knowledge and, if called as a witness, I could and would testify competently thereto.

5 I have held various positions in student financial aid and admissions in the University of California
6 ("UC") system for fifteen years and am currently the Associate Director for Student Financial Support at
7 the UCOP. As Associate Director for Student Financial Support, my duties include policy analysis,
8 development, and implementation. I am responsible for producing complex analyses, executive
9 summaries, and talking points on UC enrollment and affordability of UC education.

10 2. This declaration describes UC's population of undocumented students and students who
11 have Deferred Action for Childhood Arrivals status ("DACA students"), and the financial investment
12 UC has made in those students. It then explains the investment that UC expects undocumented and
13 DACA students (and their families) to make in their own education. It then provides figures on UC's
14 investment in graduate students. Finally, it provides the average debt of professional students upon
15 graduation from UC. The rescission of the DACA program puts at risk the financial investment that UC
16 and these students and families have made in their education.

17 3. UC's mission includes provision of public undergraduate, graduate, and professional
18 education. A key measure of our success is the percentage of entering students who complete their
19 degrees. DACA students have earned their positions in programs at UC through their academic merit
20 and accomplishments. UC invests in all its students, including DACA students, to enable them to
21 continue their programs, complete their degree(s), graduate and become contributing members of
22 society, including pursuing the careers for which UC trained them.

23 4. As described below, the University has provided financial support to its DACA and
24 undocumented students enrolled as of the 2016-2017 academic year in the cumulative amount of
25 between approximately \$87 million to \$252 million since 2013. The same students and their parents
26 would have to have invested approximately \$73 million to \$180 million over the same period.

UC's Undocumented and DACA Students

5. As of the 2016-2017 academic year, UC had approximately 4,200 potentially undocumented students, of which approximately 1,700 students are likely to be DACA recipients.

6. This assessment is based on an analysis of several criteria in our financial aid data that suggest students are undocumented, and additional criteria suggesting that they have DACA status. To approximate the 4,200 undocumented student population, I considered that undocumented students are not eligible for federal financial aid, but, if they are eligible for the California nonresident tuition exemption under California Assembly Bill 540 ("AB540") then undocumented students (and only undocumented students) may choose to file a California DREAM (Development, Relief, and Education for Alien Minors) financial aid application. For the 4,200 students who meet this criteria, I then applied additional criteria to approximate the subset of 1,700 students who appear to have DACA work authorization.

7. This approach is likely to underestimate the number of undocumented students and, therefore, the number of students with DACA status at UC. For example, this figure would not include students who do not or cannot submit a California DREAM Act application for various reasons, or for whom we cannot identify likely work authorization for various reasons. It also excludes many graduate and professional students because the same criteria cannot be applied to accurately identify these students.

UC and State Investment in DACA Students

8. Based on my assessments of undocumented and DACA student populations, I approximate UC's financial investment in these students cumulatively from 2013 to the 2016-2017 academic year, including state grants and other sources. UC awards financial aid to students on a non-discriminatory basis according to students' financial need, as they demonstrate that need by submitting a Free Application for Federal Student Aid ("FAFSA") (not applicable to undocumented students or DACA students, who are ineligible for federal aid) or a California DREAM Act application.

9. UC has invested cumulatively between \$87 million (based on the DACA only estimate of 1,700 students) and \$252 million (based on the 4,200 undocumented estimate) in the DACA students

1 who were pursuing degrees at UC as of the 2016-2017 academic year (based on dollar figures from
2 preliminary 2016-2017 data). This is the approximate, cumulative investment in the cohort of
3 undocumented and DACA students enrolled as of 2016-2017 at UC, over the course of their enrollment
4 at UC from 2013 to the 2016-2017 academic year. The estimates are from 2013 onward because this was
5 the earliest year that California DREAM Act data was received by UC, and it was this data that enabled
6 me to assess the populations of undocumented and DACA student populations as described above.

7 8 **UC Expectation of Student and Parent Investment in DACA Students' Education**

9 10. All students and their parents are expected to invest in paying for the student's college
10 education. UC's financial aid policy for undergraduates approaches paying for the total cost of
11 attendance (tuition, fees, living expenses, books and supplies) as a partnership between parents, students,
12 state and federal governments, and UC. Parents and students are expected to contribute based on their
13 resources as reported on either the FAFSA (not applicable to undocumented students or DACA students,
14 who are ineligible for federal aid) or the California DREAM Act application. UC then uses the same
15 formula for all students to determine financial aid, based on demonstrated financial need. The average
16 expected parent contribution for the 4,200 undocumented students was roughly \$700 per year, as
17 calculated using this same formula for all students, based on financial need.

18 11. UC also expects all students that are financial aid recipients to contribute "self-help"
19 amounts to their education through work or loans in the amount of \$10,000 per year. Many students
20 who have DACA work authorization hold jobs to satisfy this portion of their financial obligation.
21 Without DACA work authorization, it will be much more difficult for undocumented students to satisfy
22 the self-help contribution that UC expects of all students.

23 12. The combined expected family investment is therefore \$10,700 per year by students and
24 parents, or \$42,800 for a completion of a four-year undergraduate degree. For our DACA and
25 undocumented students, this totals between approximately \$73 million (based on the DACA-only
26 estimate of 1,700 students) and \$180 million (based on the 4,200 potentially undocumented estimate).

Average Investment Graduate Academic and Professional Students

13. Because financial aid often works differently in UC graduate and professional programs, I am unable to accurately estimate our population of undocumented or DACA graduate and professional students based on financial aid records. However, UC believes that there are enrolled graduate and professional students who are DACA students.

14. The University invests heavily in its graduate academic and professional students. In 2015-2016, UC paid \$523 million in University-funded fellowships to all of its graduate and professional students.

15. Graduate students are primarily supported through fellowships and employment as research and teaching assistants. In 2015-2016, UC's graduate academic students received an average combined fellowship and assistanceship award of more than \$37,000 per student per year, including any graduate DACA students.

16. By contrast, professional degree students primarily finance their degree by investing themselves through student loans. The UCOP tracks student loan borrowing patterns by professional students to estimate students' debt incurred for their own degrees. The average student loan debt for professional students is as follows, by program:

Average Professional Student Debt Upon Graduation

Degree Type	Cumulative Borrowing, 2015-2016 Graduating Cohort
Law	\$124,000
MBA	\$81,000
Medicine	\$154,000
Education	\$37,000
Other Health Professions	\$112,000
Other Non-Health	\$54,000

17. Without DACA, it will be difficult if not impossible for many of these graduate and professional students to complete their degrees and then to repay their significant debt from those degrees. Some of these degrees require work experience as a condition of graduation, such as a researcher or graduate student instructor. Further, without DACA, these students will lose the

1 employment authorization that enabled them to work in their chosen profession at a salary
2 commensurate with the debt incurred for their advanced degree.


3
4 **Conclusion**

5 18. As indicated above, this assessment of investments of UC and its students in their
6 education are conservative in many respects and the actual investment in undocumented and DACA
7 students is likely greater.

8 19. The rescission of DACA puts in jeopardy the cumulative financial investments in the
9 education of these talented students by the UC, the State of California, their families and the students
10 themselves, as well as the ability of students to repay the debt incurred to pursue their education.

11 I declare under penalty of perjury under the laws of the United States that the foregoing is true
12 and correct.

13 Executed on October 23, 2017 in Oakland, California.

14
15
16 
17 SHAWN BRICK

DEF-INTERV.

EX. 31

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**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION**

THE REGENTS OF THE UNIVERSITY OF
CALIFORNIA and JANET NAPOLITANO,
in her official capacity as President of the
University of California,

Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
SECURITY and ELAINE DUKE, in her
official capacity as Acting Secretary of the
Department of Homeland Security,

Defendants.

CASE NO. 17-CV-05211-WHA

DECLARATION OF SARA H. CODY, M.D.

DECLARATION OF SARA H. CODY, M.D.

All DACA Cases (Nos. 17-5211, 17-5235, 17-5329, 17-5380, 17-5813)

STATE OF CALIFORNIA, STATE OF
MAINE, STATE OF MARYLAND, and
STATE OF MINNESOTA,

Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
SECURITY, ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
of Homeland Security, and the UNITED
STATES OF AMERICA,

Defendants.

CASE NO. 17-CV-05235-WHA

CITY OF SAN JOSE, a municipal corporation,

Plaintiffs,

v.

DONALD J. TRUMP, President of the United
States, in his official capacity, ELAINE C.
DUKE, in her official capacity, and the
UNITED STATES OF AMERICA,

Defendants.

CASE NO. 17-CV-05329-WHA

DULCE GARCIA, MIRIAM GONZALEZ
AVILA, SAUL JIMENEZ SUAREZ,
VIRIDIANA CHABOLLA MENDOZA,
NORMA RAMIREZ, and JIRAYUT
LATTHIVONGSKORN,

Plaintiffs,

v.

UNITED STATES OF AMERICA, DONALD
J. TRUMP, in his official capacity as President
of the United States, U.S. DEPARTMENT OF
HOMELAND SECURITY, and ELAINE
DUKE, in her official capacity as Acting
Secretary of Homeland Security,

Defendants.

CASE NO. 17-CV-05380-WHA

COUNTY OF SANTA CLARA and
SERVICE EMPLOYEES INTERNATIONAL
UNION LOCAL 521,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States, JEFFERSON
BEAUREGARD SESSIONS, in his official
capacity as Attorney General of the United
States; ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
of Homeland Security; and U.S.
DEPARTMENT OF HOMELAND
SECURITY,

Defendants.

CASE NO. 17-CV-05813-WHA

1 I, SARA H. CODY, M.D., DECLARE:

2 1. I am a resident of the State of California. I submit this declaration in support of the
3 Plaintiffs' Motions for Preliminary Injunction and for Summary Judgment. I have personal knowledge
4 of the facts set forth in this declaration. If called as a witness, I could and would testify competently to
5 the matters set forth herein.

6 2. This declaration provides an overview of the Santa Clara County Public Health
7 Department's work and explains why these efforts are undermined by federal policies that increase
8 immigrants' reluctance to interact with government institutions that play a critical role in protecting
9 public health.

10 3. I am the Director of the County of Santa Clara's ("County") Public Health Department,
11 as well as the Health Officer for the County and each of the 15 cities located within Santa Clara County.
12 I have held the Health Officer position from 2013 to the present, and I have held the Public Health
13 Department Director position from 2015 to the present. In these roles, I provide leadership on public
14 health issues for all of Santa Clara County and oversee approximately 450 Public Health Department
15 employees who provide a wide array of services to safeguard and promote the health of the community.

16 4. Prior to becoming the Health Officer for the County and each of its cities, I was
17 employed for 15 years as a Deputy Health Officer/Communicable Disease Controller at the County's
18 Public Health Department, where I oversaw surveillance and investigation of individual cases of
19 communicable diseases, investigated disease outbreaks, participated in planning for public health
20 emergencies, and responded to Severe Acute Respiratory Syndrome (also known as "SARS"), influenza
21 A virus subtype H1N1 (also known as "swine flu" or H1N1), and other public health emergencies.

22 5. The mission of the Public Health Department is to promote and protect the health of
23 Santa Clara County's 1.9 million residents. None of Santa Clara County's 15 cities have a health
24 department. All 15 cities within the county, and all Santa Clara County residents, rely on the Public
25 Health Department to perform essential public health functions. The Public Health Department's work
26 is guided by core public health principles of equity, the value of every life, and harm prevention.

27 6. The work of the Public Health Department is focused on three main areas: (1) infectious
28 disease and emergency response, (2) maternal, child, and family health, and (3) healthy communities.

1 7. First, the Public Health Department is responsible for safeguarding the public health by
2 preventing and controlling the spread of infectious diseases and planning for and responding to public
3 health emergencies. Programs in this branch of the Public Health Department receive reports on 85
4 different diseases and conditions; track overall trends in infectious diseases; investigate individual cases
5 of concern; provide long term case management for certain categories of patients (e.g., active
6 tuberculosis cases); provide immunizations and preventive therapy; identify, investigate and control
7 outbreaks; and plan for and respond to public health emergencies. They also ensure that all children
8 attending school or child care facilities in Santa Clara County comply with State immunization
9 requirements; conduct HIV and other STD testing and education for vulnerable communities; and
10 distribute opioid overdose prevention kits for at-risk individuals.

11 8. This branch of the Public Health Department also operates two pharmacies. One of these
12 pharmacies provides free, donated medicine to individuals who cannot afford the retail cost of such
13 drugs. The other pharmacy specializes in serving patients with HIV/AIDS, patients with tuberculosis,
14 patients from the Public Health Department's STD clinic, and patients being discharged from the
15 County jail. Pharmacy staff also support communicable disease control by procuring, storing,
16 maintaining, and distributing essential medications and vaccines during outbreaks; distributing
17 approximately 20,000 state-funded influenza vaccines, annually, to health care providers in Santa Clara
18 County to administer to low-income and elderly residents at no charge; and overseeing all enrollment
19 workers in Santa Clara County for the State-sponsored AIDS Drug Assistance Program.

20 9. Second, in the area of maternal, child, and family health, the Public Health
21 Department provides services for Santa Clara County's most vulnerable children and families. This
22 includes, but is not limited to, (1) the Special Supplemental Nutrition Program for Women, Infants and
23 Children (WIC) program, which provides low-income pregnant, postpartum, and breastfeeding women,
24 infants, and children up to age 5 with nutritious foods to supplement their diets, information on healthy
25 eating, and referrals to health care; (2) the Child Health and Disability Prevention (CHDP) Program,
26 which ensures that low-income children and youth, including foster care youth, receive routine health
27 assessments and treatment services; (3) the Childhood Lead Poisoning Prevention Program, which
28 provides nursing and environmental case management and follow-up for lead-poisoned children,

1 promotes screening for lead poisoning, and provides community education regarding lead poisoning
2 prevention; (4) the California Children's Services (CCS) program, which provides diagnostic and
3 treatment services, medical case management, and physical and occupational therapy to children under
4 21 years of age with CCS-eligible medical conditions, such as cystic fibrosis, hemophilia, cerebral palsy,
5 muscular dystrophy, spina bifida, cancer, and traumatic injuries; and (5) the Nurse Family Partnership,
6 which provides young, low-income first-time mothers with home visitation services from specially-
7 trained nurses to improve pregnancy outcomes and child health and development.

8 10. Third, to create and maintain healthy communities, the Department conducts localized
9 health assessments and planning throughout Santa Clara County, and works with community partners
10 and County leadership to promote system wide and environmental changes to reduce the incidence of
11 chronic diseases and injuries in Santa Clara County.

12 11. The Public Health Department's work is undermined by federal policies that increase
13 immigrant communities' reluctance to interact with government institutions. One of the Department's
14 major priorities is to advance health equity to eliminate health disparities, including health disparities
15 that exist between immigrant and non-immigrant communities and different racial and ethnic
16 communities. However, the Department is limited in its ability to develop partnerships with community
17 organizations, to engage communities of color and immigrant and refugee communities, and to improve
18 health equity when such communities and organizations fear or lose trust in the government and are
19 unwilling to access necessary health services.

20 12. The rescission of DACA would likely lead to greater health inequity within Santa Clara
21 County. I have heard from community-based service providers in Santa Clara County that the current
22 political climate has already caused immigrants to miss medical appointments; to avoid going out in
23 public for fear of being detained by immigration agents; to avoid utilizing public safety services; and to
24 suffer from increased stress, anxiety and depression. Rescission of DACA would only cause more of the
25 same. Through the Department's work in serving vulnerable communities, I am acutely aware that the
26 loss of employment and employer-provided healthcare can mean greater economic instability and stress
27 on the affected individuals and the families they support; less access to food, medicine, other basic
28 necessities, and essential services; and increased need for safety net services.

1 13. Beyond health equity, the rescission of DACA could negatively impact the Department's
2 core areas of work in controlling infectious disease and providing emergency response; promoting
3 maternal, child, and family health; and ensuring healthy communities. Individuals unwilling to access
4 necessary health services may miss necessary vaccinations. Immigrants—for whom their country of
5 birth can provide important information for risk of diseases such as hepatitis B and tuberculosis—may
6 be reluctant to share their national origin with their health care providers. Infectious individuals who
7 wish to avoid detection by the government may be less likely to cooperate with public health efforts to
8 monitor and control their diseases, thereby putting other community members at risk.

9 14. Healthy families and communities cannot be sustained when residents are suffering from
10 illness, injury, or mental health issues but unwilling to access health services, when residents are too
11 afraid to avail themselves of necessary public safety services, and when residents do not dare to leave
12 their homes for fear of being deported.

1 I declare under penalty of perjury under the laws of the State of California that the foregoing is
2 true and correct and that this declaration was executed on Oct 26, 2017 in San
3 José, California.

4
5 
6 SARA H. CODY, M.D.

DEF-INTERV.

EX. 32

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**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION**

THE REGENTS OF THE UNIVERSITY OF
CALIFORNIA and JANET NAPOLITANO,
in her official capacity as President of the
University of California,

Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
SECURITY and ELAINE DUKE, in her
official capacity as Acting Secretary of the
Department of Homeland Security,

Defendants.

CASE NO. 17-CV-05211-WHA

**DECLARATION OF ALAN ESSIG, MEG
WIEHE, AND MISHA HILL**

STATE OF CALIFORNIA, STATE OF
MAINE, STATE OF MARYLAND, and
STATE OF MINNESOTA,

Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
SECURITY, ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
of Homeland Security, and the UNITED
STATES OF AMERICA,

Defendants.

CASE NO. 17-CV-05235-WHA

CITY OF SAN JOSE, a municipal corporation,

Plaintiffs,

v.

DONALD J. TRUMP, President of the United
States, in his official capacity, ELAINE C.
DUKE, in her official capacity, and the
UNITED STATES OF AMERICA,

Defendants.

CASE NO. 17-CV-05329-WHA

DULCE GARCIA, MIRIAM GONZALEZ
AVILA, SAUL JIMENEZ SUAREZ,
VIRIDIANA CHABOLLA MENDOZA,
NORMA RAMIREZ, and JIRAYUT
LATTHIVONGSKORN,

Plaintiffs,

v.

UNITED STATES OF AMERICA, DONALD
J. TRUMP, in his official capacity as President
of the United States, U.S. DEPARTMENT OF
HOMELAND SECURITY, and ELAINE
DUKE, in her official capacity as Acting
Secretary of Homeland Security,

Defendants.

CASE NO. 17-CV-05380-WHA

COUNTY OF SANTA CLARA and
SERVICE EMPLOYEES INTERNATIONAL
UNION LOCAL 521,

CASE NO. 17-CV-05813-WHA

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States, JEFFERSON
BEAUREGARD SESSIONS, in his official
capacity as Attorney General of the United
States; ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
of Homeland Security; and U.S.
DEPARTMENT OF HOMELAND
SECURITY,

Defendants.

1 We, Alan Essig, Meg Wiehe, and Misha Hill, declare:

2 1. We are tax policy experts working for the Institute on Taxation and Economic Policy
3 (ITEP). ITEP is a non-profit, nonpartisan research organization that provides in-depth analyses on the
4 effects of federal, state, and local tax policies. ITEP's mission is to ensure the nation has a fair and
5 sustainable tax system that raises enough revenue to fund our common priorities, including education,
6 health care, infrastructure, and public safety. ITEP researchers use a microsimulation tax model to
7 produce distributional and revenue analyses of current tax systems and proposed changes at the federal,
8 state, and local level.

9 2. Alan Essig has been the Executive Director of ITEP since April 2017. He holds a
10 master's degree from the Nelson A. Rockefeller College of Public Affairs and Policy at the State
11 University of New York at Albany and an undergraduate degree from the State University of New York
12 at Buffalo. Attached as Exhibit A is a true and correct copy of Alan Essig's curriculum vitae.

13 3. Meg Wiehe is the Deputy Director of ITEP. She has worked with ITEP since 2010. Meg
14 is nationally recognized expert on state and local taxation. She studies, writes, and provides
15 commentary and insight to a wide range of audiences on historical and current trends in state tax and
16 budget policy. In particular, her analyses focus both on how tax and budget policies affect low- and
17 moderate-income families as well as the intersection of fiscal policies and state and local governments'
18 ability to fund basic public priorities, including education, infrastructure, and health care. Meg has
19 conducted hundreds of revenue and distributional analyses of proposed tax changes in more than 40
20 states using ITEP's microsimulation tax model. She also is a lead author of ITEP's flagship report, *Who*
21 *Pays? A Distributional Analysis of the Tax Systems in All Fifty States*. Meg holds a Master of Public
22 Administration from the Maxwell School at Syracuse University and a Bachelor of Arts in
23 Anthropology from the University of Virginia. Attached as Exhibit B is a true and correct copy of Meg
24 Wiehe's curriculum vitae.

25 4. Misha Hill has been a State Policy Fellow at ITEP since 2016. She holds a Master of
26 Public Policy from The George Washington University and Bachelor of Arts in Hispanic Studies from
27 the University of Pennsylvania. Attached as Exhibit C is a true and correct copy of Misha Hill's
28 curriculum vitae.

1 5. According to U.S. Citizenship and Immigration Services (USCIS), the agency that
2 administers Deferred Action for Childhood Arrivals (DACA), as of September 4, 2017, approximately
3 689,800 young people who were brought to the United States as children without documentation are
4 currently enrolled in DACA.¹ This population estimate from USCIS takes into account the latest
5 estimates of former DACA recipients who have become lawful permanent resident (about 40,000) and
6 those who were granted DACA but failed to reapply or whose reapplication was denied (about 70,000).
7 The Migration Policy Institute, a non-profit, non-partisan think tank that analyzes the movement of
8 people worldwide, estimates an additional 617,000 individuals are eligible for DACA but not currently
9 enrolled.²

10 6. We used the above estimates of the current population receiving and eligible for, but not
11 receiving DACA, in each state to estimate the annual aggregate state and local tax contributions of the
12 DACA-eligible population.³

13 7. Young undocumented immigrants eligible for or enrolled in DACA, like all people living
14 and working in the U.S., pay state and local income, property, sales, and excise taxes. We estimate that
15 the population currently enrolled in DACA contributes more than \$1.25 billion in state and local taxes.
16 Further, the population eligible for DACA but not currently enrolled contributes an additional \$497.6
17 million in state and local taxes. This brings the total contribution of the DACA-eligible population to
18 just under \$1.8 billion annually in state and local taxes. The following assumptions were made to
19 calculate the sales and excise, income, and property taxes of the DACA-eligible population:

20 a. Taxpaying units and employment status:

21
22
23 ¹ “Approximate Active DACA Recipients.” Available at:
24 https://www.uscis.gov/sites/default/files/USCIS/Resources/Reports%20and%20Studies/Immigration%20Forms%20Data/All%20Form%20Types/DACA/daca_population_data.pdf.

25 ² Migration Policy Institute, “Deferred Action for Childhood Arrivals (DACA) Data Tools.” Available:
26 <http://www.migrationpolicy.org/programs/data-hub/deferred-action-childhood-arrivals-daca-profiles#overlay-context=events>.

27 ³ ITEP released a report in April 2017 that used USCIS data from September 2016. This analysis uses
28 the same methodology with the most currently available population figures.

- i. ITEP's analysis treats each DACA-eligible immigrant who is working as a single taxpaying unit.
- ii. The employment rate of immigrants depends on legal status.
- iii. A 2017 national survey of 3,063 DACA recipients found that 91.4 percent of respondents were employed.⁴ DACA enrollees pay the same income taxes (in states with income taxes) as other lawfully present individuals. DACA enrollees receive a temporary social security number which allows them to file federal and state income taxes and, additionally payroll taxes are deducted from their paychecks.
- iv. The previously mentioned national survey also found that prior to obtaining DACA, only 44% of survey respondents were employed. Our analysis assumes that 44% of the population that is eligible for DACA but not currently enrolled are employed.

b. Income of DACA-eligible population

- i. Immigrant wages change depending on legal status. Undocumented workers earn \$22,029 a year on average and granting DACA increases wages by 8.5 percent, according to a 2014 report by the Center for American Progress.⁵ The average wages applied to the estimated DACA working population in ITEP's analysis are:
 - \$23,901 for the DACA-eligible population working and enrolled in the program.

⁴ "Results of Tom K. Wong et al., 2017 National DACA Study." Center for American Progress, <https://cdn.americanprogress.org/content/uploads/2017/08/27164928/Wong-Et-Al-New-DACA-Survey-2017-Codebook.pdf>.

The April 2017 ITEP report used employment figures from the 2016 survey.

⁵ Wong's 2017 survey found a higher average salary for the DACA-eligible population enrolled and working (\$36,232) than the Center for American Progress report. Thus, by using an average salary of \$23,901, this analysis provides a conservative tax contribution estimate.

- \$22,029 for the DACA-eligible population working, but not enrolled in the program.

c. Estimated effective tax rates (taxes as share of income) for sales, income, and property taxes paid by DACA-eligible population in each state.

- i. ITEP's microsimulation computer model is a sophisticated program that applies the state and local tax laws in each state (including sales, excise, income, and property tax laws) to a statistically valid database of tax returns to generate estimates of the effective tax rates paid by taxpayers at various income levels under state and local tax law. In January of 2015, ITEP released the 5th edition of *Who Pays?* which estimates the effect of the state and local tax laws as of January 2015 on taxpayers at 2012 income levels. This report applies effective tax rates calculated in the 2015 *Who Pays?* report to the DACA eligible population with some modifications in states with major tax changes since *Who Pays?* was published.

d. The methodology used to calculate the contributions of the DACA-eligible population differs from the methodology used to calculate the contributions of all undocumented immigrants. The primary differences are that we assume a higher average income and employment rate for the DACA-eligible population. Thus the state and local tax contributions of the DACA-eligible population are not proportional to their share of the undocumented population.

8. We estimate that the population currently enrolled in DACA contribute \$242.4 million in state and local income taxes annually. The population that is eligible for but not enrolled in DACA contributes an additional \$44.5 million bringing the total contributions of the DACA-eligible population to \$286.9 million in state and local income taxes annually.

- a. Eligible immigrants enrolled in DACA are required to pay personal income taxes using a temporary social security number. Thus, this study assumes the 626,437 DACA-enrolled workers are fully complying with state personal income taxes. Personal income tax effective rates in each state were applied accordingly. Various studies have estimated

1 between 50 and 75 percent of undocumented immigrants currently pay personal income
2 taxes predominantly using Individual Tax Identification (ITIN) numbers or with false
3 social security numbers. This analysis assumes a 50 percent compliance rate for DACA-
4 eligible immigrants who are not enrolled and applies 50 percent compliance if DACA
5 protections are lost. Personal income tax effective rates in each state were applied to 50
6 percent of the estimated income.

7 b. Enrolled DACA recipients are eligible to receive the federal Earned Income Tax
8 Credit (EITC) and the state versions of the credit as well, however state EITC benefits
9 were not included in this study for two reasons: 1) all DACA-eligible workers are treated
10 as single taxpaying units and 2) the average income of the enrolled DACA population is
11 above the EITC income eligibility amounts for single workers. The impact of state
12 EITCs was also left out of the other policy options given that DACA-eligible immigrants
13 not enrolled in the program are ineligible for the credit.

14 9. We estimate the population currently enrolled in DACA contributes \$281.1 million in
15 state and local property taxes. The population eligible for not enrolled in DACA contributes an
16 additional \$131.9 million bringing the total \$413 million annually in state and local property taxes. The
17 DACA-eligible population pays property taxes either directly as homeowners, or indirectly through
18 higher rents as tenants.

19 a. The first step in calculating property taxes was to identify the share of DACA-eligible
20 immigrants who are homeowners or renters in each state. This analysis used state-by-
21 state data from the Migration Policy Institute to estimate homeownership rates for
22 undocumented immigrants in each state. The ITEP model assumes that for renters, half
23 of the cost of the property tax paid initially by owners of rental properties is passed
24 through to renters.

25 10. We estimate the population currently enrolled in DACA contributes \$726.1 million state
26 and local sales and excise taxes. The population eligible but not enrolled in DACA contributes an
27 additional \$321.2 million bringing the total contributions of the DACA-eligible population to over \$1
28 billion annually in state and local sales and excise taxes. The DACA-eligible population, like anyone

1 purchasing goods or services, pays consumption taxes directly at the point of sale on taxable items.

2 a. Sales and excise taxes are collected by retailers every time a purchase is made on a
3 taxable good or service. It is reasonable to assume that DACA eligible immigrants pay
4 sales and excise taxes at similar rates to U.S. citizens and legal immigrants with similar
5 incomes, thus the estimated rates in ITEP's *Who Pays?* for each state were applied to the
6 various estimated DACA-eligible population incomes.

7 11. A useful way to compare taxes paid across income levels is the effective tax rate. This is
8 the total of all taxes paid - income, property, and sales and excise - as a share of income. The DACA-
9 eligible population pays an average effective tax rate of 8.3%. ITEP's 2015 report, *Who Pays: A*
10 *Distributional Analysis of the Tax Systems in All Fifty States* found that the middle 20% of taxpayers
11 pays on average an effective tax rate of 9.4%, and the top 1% of taxpayers pays just 5.4% of their
12 income in taxes.⁶ This means the DACA-eligible population pays state and local taxes at a similar rate
13 to middle income taxpayers across the country.

14 12. We also estimate that if DACA protections were lost, the population would continue to
15 contribute to state and local revenues, but at much lower levels. We estimate a total loss of \$696 million
16 in state and local tax revenues.

17 a. DACA protections increase state and local tax contributions because they increase
18 employment rates, increase average salaries, and increase the share paying state personal
19 income taxes from 50 to 100 percent. Surveys of DACA recipients found that after
20 receiving DACA protections respondents were employed at higher rates and earned
21 higher wages. This is likely because the work authorizations and deferral from
22 deportation provided by DACA allow recipients to better compete with legally present
23 workers, pursue advanced degrees, and protects them from wage theft by unscrupulous
24 employers. Thus, a loss of DACA protections would eliminate the revenue gained from
25 the increased salaries DACA affords.

26 13. There are residents of every state who are eligible for or enrolled in DACA, which means
27

28 ⁶ Carl Davis, et al., *Who Pays? A Distributional Analysis of the Tax Systems in All 50 States*, 5th ed.,
Institute on Taxation and Economic Policy, Jan. 2015, www.whopays.org.

1 every state revenue stream could be harmed by the loss of DACA protections. Some examples relevant
2 to this case are below:

3 a. In California, approximately 197,900 residents are currently enrolled in DACA. They
4 contribute \$358.3 million in state and local taxes. An additional 181,100 residents are
5 eligible for but not enrolled in DACA. They contribute \$136.8 million bringing the total
6 contributions of the 379,000 DACA-eligible California residents to \$495.1 million in
7 state and local taxes annually. If DACA protections were lost, the contributions of
8 California's total DACA-eligible population would decrease by \$208.7 million to \$286.4
9 million.

10 i. Those currently enrolled in DACA in California contribute \$222.9 million in sales
11 and excise taxes. Those eligible for but not enrolled in DACA contribute an
12 additional \$90.3 million bringing the total sales and excise tax contributions of
13 California's total DACA-eligible population to \$313.2 million.

14 ii. Those currently enrolled in DACA contribute \$41 million in state personal
15 income taxes. Those eligible for but not enrolled in DACA contribute an
16 additional \$8.3 million bringing the total personal income tax contribution of
17 California's total DACA-eligible population to \$49.3 million.

18 iii. Those currently enrolled in DACA contribute \$94.3 million in property taxes.
19 Those eligible for but not enrolled in DACA contribute an additional \$38.2
20 million bringing the total property tax contributions of California's total DACA-
21 eligible population to \$132.5 million.

22 iv. Santa Clara County has the twelfth largest DACA-eligible population of counties
23 nationwide. Approximately 15,000 Santa Clara residents are currently enrolled in
24 DACA.⁷ They contribute \$14.8 million in state taxes (personal income tax and
25 state sales tax) and \$12.4 million to local taxes (property taxes and local sales
26 taxes). An additional 13,700 are eligible but not enrolled bringing the total

27
28 ⁷ "State and County Estimates of DACA-Eligible Populations," Migration Policy Institute,
<https://www.migrationpolicy.org/programs/data-hub/deferred-action-childhood-arrivals-daca-profiles>.

1 DACA-eligible population to 28,700. The population that is eligible but not
2 enrolled contributes \$5.4 million in state and \$5 million in local taxes.

3 Altogether, the total DACA-eligible population in Santa Clara County contributes
4 \$20.2 million in state and \$17.4 million in local taxes.

5 b. In Maine, approximately 40 residents are currently enrolled in DACA. They
6 contribute over \$67,600 in state and local taxes. An additional 60 residents are eligible
7 for but not enrolled in DACA. They contribute over \$41,100 bringing the total
8 contributions of the 100 DACA-eligible Maine residents to over \$108,700 in state and
9 local taxes annually. If DACA protections were lost, their contributions would decrease
10 by \$40,300 to \$68,400.

11 i. Those currently enrolled in DACA contribute \$32,000 in sales and excise taxes.
12 Those eligible but not enrolled contribute an additional \$26,000 in sales and
13 excise taxes bringing the total sales and excise tax contributions of Maine's
14 DACA-eligible population to \$58,000.

15 ii. Those currently enrolled in DACA contribute \$23,000 in state personal income
16 taxes. Those eligible but not enrolled contribute an additional \$5,000 in personal
17 income taxes bringing the total personal income tax contributions of Maine's
18 DACA-eligible population to \$28,000.

19 iii. Those currently enrolled in DACA contribute \$11,000 in property taxes. Those
20 eligible but not enrolled contribute an additional \$9,000 in property taxes bringing
21 the total property tax contributions of Maine's DACA-eligible population to
22 \$20,000.

23 c. In Maryland, approximately 8,100 residents are currently enrolled in DACA. They
24 contribute \$18.1 million in state and local taxes. An additional 15,900 residents are
25 eligible for but not enrolled in DACA. They contribute \$15.5 million bringing the total
26 contributions of the 24,000 DACA-eligible Maryland residents to \$33.6 million in state
27 and local taxes annually. If DACA protections were lost, their contributions would
28

1 decrease by \$10.3 million to \$23.3 million.

- 2 i. Those currently enrolled in DACA contribute \$7.5 million in sales and excise
3 taxes. Those eligible but not enrolled contribute an additional \$8.5 million in
4 sales and excise taxes bringing the total sales and excise tax contributions of
5 Maryland's DACA-eligible population to \$16 million in sales and excise taxes.
- 6 ii. Those currently enrolled in DACA contribute \$7.4 million in state income taxes.
7 Those eligible but not enrolled contribute an additional \$2.3 million in income
8 taxes bringing the total state income tax contributions of Maryland's DACA-
9 eligible population to \$9.7 million.
- 10 iii. Those currently enrolled in DACA contribute \$3.2 million in property taxes.
11 Those eligible but not enrolled contribute an additional \$4.4 million in property
12 taxes bringing the total property tax contributions of Maryland's DACA-eligible
13 population to \$7.6 million.

14 d. In Minnesota, approximately 5,550 residents are currently enrolled in DACA. They
15 contribute \$10.8 million in state and local taxes. An additional 4,500 residents are
16 eligible for but not enrolled in DACA. They contribute \$3.3 million bringing the total
17 contributions of the 10,000 DACA-eligible residents to \$14.1 million in state and local
18 taxes annually. If DACA protections were lost, their contributions would decrease by
19 \$6.8 million to \$7.3 million.

- 20 i. Those currently enrolled in DACA contribute \$5.5 million in sales and excise
21 taxes. Those eligible but not enrolled contribute an additional \$2 million bringing
22 the total sales and excise tax contributions of Minnesota's DACA-eligible
23 population to \$7.5 million.
- 24 ii. Those currently enrolled in DACA contribute \$3.5 million in state income taxes.
25 Those eligible but not enrolled contribute an additional \$640,000 bringing the
26 total state income tax contributions of Minnesota's DACA-eligible population to
27 \$4.1 million.
- 28

under \$2.5 million.

Executed on October 26, 2017, at Washington, DC.

Misha Hill

EXHIBIT A

Alan Essig
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East Lansing, Michigan 48823
770-402-4630
aessig1959@gmail.com

WORK EXPERIENCE

Executive Director **2017-Present**
Institute on Taxation and Economic Policy

The Institute on Taxation and Economic Policy (ITEP) is a non-profit, non-partisan research organization that provides timely, in-depth analyses on the effects of federal, state, and local tax policies. Responsibilities include building and managing an annual budget of over \$1.8 million and a staff of twelve, including analysts, communication staff, and administrative staff.

Principal **2016-2017**
Essig Gehl Consulting

Essig Gehl Consulting worked with non-profits to maximize their policy and advocacy impact through high-quality policy research and effective advocacy strategies. Responsibilities included the research and writing of policy reports as well as developing educational materials for a public education campaign.

Executive Director **2015**
Michigan Consumers for Healthcare

Michigan Consumers for Healthcare (MCH) was a nonprofit organization with a statewide mission focused on making affordable, quality healthcare a reality for all in Michigan. Upon taking over leadership of MCH it became apparent that the organization was not financially viable. Working with the Board of Directors, and to save the underlying mission of MCH, it was decided to merge MCH with an organization (Michigan League for Public Policy (MLPP)) with a similar mission and a stronger financial base. Working with the Executive Director and board of MLPP and the board of MCH, the merger was successfully completed by January 1, 2016.

Founding Executive Director **2004-2015**
Georgia Budget and Policy Institute

The Georgia Budget and Policy Institute (GBPI) is an independent, nonprofit, nonpartisan organization that engages in research and education on the fiscal and economic health of the state of Georgia. GBPI studies tax and budget issues with an emphasis on the impact on low and moderate income Georgians. Areas of policy focus include healthcare (Medicaid, public health, implementation of Affordable Care Act), education (early childhood, K-12, higher education), anti-poverty and social safety net, economic development, and tax policy. Responsibilities included building and managing an annual budget of over \$1 million and a staff

of ten, including policy analysts, communication staff, development staff, and administrative staff.

Specific responsibilities included:

- Establishment of GBPI's research priorities and agenda.
- Researched and wrote policy reports and briefs concerning overall tax and budget policy.
- Oversaw organizational development and strategic planning, including capacity building.
- Worked with Development Director and appropriate Board committee to craft GBPI's long-term and annual development plan. Cultivated relationships with foundation representatives and other major donors, including foundations, corporations, and individuals.
- Write and delivered speeches and presentations in various venues, as well as represented GBPI at conferences and other relevant functions.
- In conjunction with Communications Director, implemented communications strategic plan by serving as main press spokesperson for organization and writing Op-Ed's and blogs.
- Built and maintained relationships with various politicians, policymakers, opinion leaders, and others involved in the legislative process. Wrote and presented legislative analysis, critique, and testimony.
- Built and maintained relationships with advocacy partner organizations, as well as coalitions.
- Ensured effective involvement of Board of Directors and brought appropriate matters before the Board for input, review, and/or approval.

Senior Research Associate

2000-2004

Georgia State University
Andrew Young School of Policy Studies
Fiscal Research Center

Researched and prepared public policy research reports and briefs in regards to taxes, state budget policy and process, economic development, Medicaid and other social welfare issues.

Committee Aide

2003

Georgia House of Representatives Appropriations Committee

During 4-month legislative session was loaned as staff to Georgia House of Representatives. Responsibilities included advising Speaker and Chair of Appropriations Committee as to policy and budgetary issues in regards to state budget with emphasis on the Department of Community Health and the Department of Human Resources.

Deputy Policy Director

2001-2002

Office of the Governor
State of Georgia

As loaned senior staff to the Governor, helped formulate policy in the areas of health and human services, including child welfare, public health, mental health, developmental disabilities, aging, Medicaid, economic development, taxes, and technology. Provided oversight to the Departments of Human Resources, Community Health, Industry Trade and Tourism, Community Affairs, Labor, and the Georgia Technology Authority.

Committee Aide

2000 and 2001

Georgia State Senate Appropriations Committee

During 4 month legislative session in 2000 and 2001 was loaned as staff to Georgia State Senate. Responsibilities included advising Lt. Governor and Chair of Appropriations Committee as to policy and budgetary issues in regards to state budget with a specific emphasis on the Department of Community Health and the Department of Human Resources.

Assistant Commissioner

1997-1999

Office of Policy and Government Services
Georgia Department of Human Resources (DHR)

The Office of Policy and Government Services consists of the Office of Communications, Office of Fraud and Abuse, Office of Legal Services, and Office of Constituent Services and Intergovernmental Relations. Provided overall supervision to directors of the Offices and responsible for over 120 employees.

Legislative liaison to Georgia General Assembly and managed DHR legislation. Worked with the Commissioner and Division Directors to define the Department's position on legislation. Represented DHR with legislators and at legislative committee meetings. Liaison for DHR with Governor's Office on policy and legislative matters.

Assisted the Commissioner on policy related areas. Identified the issues involved for each policy area and worked on strategies to resolve the issues.

Director, Deputy Director and Policy Analyst

1993 -1997

Georgia State Senate Research Office

Deputy Director (1996 - 1997) assisted the Director in the day to day operations of the office and staffed the Appropriations Committee.

Director during the 1996 legislative session, responsible for the day to day operations of office with staff of 10, and staffed the Appropriations Committee.

Policy Analyst (1993 - 1995) conducted research and analysis for the following committees: Appropriations, Finance and Public Utilities, and Retirement. Advised the Lieutenant Governor and the Chair of Appropriations Committee as to policy and budgetary issues in regards to state budget.

Deputy Director

1995

Budgetary Responsibility Oversight Committee (BROC)

Asked by Lieutenant Governor to serve in the newly created BROC office. BROC was created to assist the Governor's Office of Planning and Budget and the Department of Audits in the performance of legislatively required program and policy evaluations. Assisted the Director in hiring of initial staff and organizing initial evaluation projects.

Operations Analyst

1989 - 1993

Georgia Department of Labor

Performed evaluations of the effectiveness of programs funded under the Job Training Partnership Act including program design, program participation, coordination of services and impact of program policy. Designed mechanism to analyze state's return on investment for job training programs, created internal tracking system used to monitor job training programs, and managed ongoing \$2.5 million contract for survey research.

Policy Consultant

1991

Governor's Commission on Effectiveness and Economy in Government

Selected by the Commissioner of the Department of Labor to comply with the Governor's directive to serve on the Governor's Commission as Policy Consultant for the Economic Development Task Force. Recommended organizational and policy changes to save over \$2 million, provided implementation plan to reorganize the Governor's Economic Development Council, and provided analytical and administrative support to task force.

Legislative Budget Analyst

1986 - 1989

New York State Senate Finance Committee (Minority Staff)

Analyzed budgetary and legislative issues for the New York State Departments of Labor, Civil Service, Economic Development and the Public Employees' Pension System. Analyzed the New York City budget and made recommendations to Senate Minority Leader regarding state aid and tax issues affecting New York City. Assisted Senators and staff on agency appropriations, grants in aid, and state and federal legislation.

EDUCATION

Masters of Public Administration

1985

Rockefeller College of Public Affairs and Policy

State University of New York at Albany

Major: Public Management

Bachelor of Arts

1981

State University of New York at Buffalo

Major: History

AWARDS

Named one of the 100 Most Influential Georgians by *Georgia Trend Magazine* in 2011, 2012, 2013, and 2014.

EXHIBIT B

MEG WIEHE

924 Green Street, Durham, NC 27701
(617) 230-3624 • megwiehe@gmail.com

EDUCATION

Maxwell School of Syracuse University, *Masters of Public Administration*, June 2006

University of Virginia, *Bachelor of Arts, Anthropology*, May 1998. *Graduated with High Distinction*

WORK EXPERIENCE

Institute on Taxation and Economic Policy (ITEP)

Durham, NC/Washington, DC

Deputy Director (2016-present); State Tax Policy Director (2010-2016t)

- Responsible for planning, managing, and **implementing ITEP's state** and federal tax policy programmatic work. This includes setting organizational goals and priorities, tracking policy developments in all 50 states and the federal level, ensuring ITEP is informing and influencing key tax debates, and building and maintaining key partnerships.
- **Serve as a spokesperson for ITEP, elevating the organization's** profile through media interviews, presentations, and meetings with policymakers and funders.
- Along with Executive Director, oversee ITEP's fundraising program including grant proposal and report writing, maintaining relationships with funders, and cultivating new donors.
- Directly manage and support six staff members.
- Authored numerous ITEP reports on topics including tax credits for workers and families, documenting the taxes paid by undocumented immigrants, closing tax loopholes, promoting progressive revenue raising options, and comprehensive state and local tax reform. Co-author **on ITEP's flagship report, *Who Pays? A Distributional Analysis of the Tax Systems in All Fifty States***.

North Carolina Justice Center

Raleigh, NC

Senior Policy Analyst/Outreach Director; NC Budget and Tax Center (2006-2010)

- Promoted progressive fiscal policy through coalition building, media outreach, lobbying, and public presentations
- Conducted research and wrote publications on state and local fiscal and economic policy
- Co-coordinator of statewide revenue coalition, Together NC, and led successful campaign to enact a state Earned Income Tax Credit in 2007

Boston Museum Project

Boston, MA

Special Projects Coordinator/Project Coordinator (2002-2005)

- Coordinated development operation laying ground work for \$180 million capital campaign through prospect research, donor cultivation, and special events
- Led political and communications strategy including securing a site for project, producing newsletter, managing website content, and regular correspondence with project constituents
- Supervised two staff, conducted weekly staff meetings, and managed high-level Board of Directors

MASSPIRG

Amherst and Boston, MA

Massachusetts Community Water Watch AmeriCorps Program Director (2000-2002)

- Recruited, trained, and supervised 13 full-time AmeriCorps members
- Built collaborative relationships with non-profits and state and local government leaders
- Revised program mission, developed five year strategic plan, and established performance objectives

Mass Student PIRG Campus Organizer (1998-2000)

- Recruited, trained, and supervised college students and community volunteers to lead national, state, and local social change campaigns

EXHIBIT C

Misha E. Hill

(C) 609.234.5931

804 Green St., Apt D-2, Durham, NC 27701

hill.misha@gmail.com

EDUCATION

Master of Public Policy Candidate, concentration in Health Policy May 2016
The George Washington University | Washington, DC

- ❖ Women's Leadership Fellow: A highly selective leadership program

B.A. Hispanic Studies, concentrations in Modern Middle East Studies and Theatre Arts May 2010
University of Pennsylvania | Philadelphia, PA

- ❖ Academic Research: Critical analysis of Spanish literature

POLICY RESEARCH EXPERIENCE

State Policy Fellow Sept 2016—Present

Institute on Taxation and Economic Policy | Durham, NC

- ❖ Drafted blog posts on various state tax policy issues including taxes paid by undocumented immigrants, soda taxes, and state budgets
- ❖ Researched and drafted reports in collaboration with senior staff on various state policy issues including taxes paid by undocumented immigrants and soda taxes
- ❖ Analyzed existing and proposed state tax policies
- ❖ Tracked state legislative action related to tax policies

Family Income Support Research Assistant Nov 2015—Sept 2016

Center on Budget and Policy Priorities | Washington, DC

- ❖ Compiled a weekly email for distribution to state and national advocates on the latest news and research related to TANF policies
- ❖ Collected national and state level TANF statistics, including annual spending, caseloads, and applications, from HHS and state agencies to inform internal analyses and future work
- ❖ Tracked state and federal legislative action related to income support programs

Women's Health Policy Internship Jun 2015—Aug 2015

The Henry J. Kaiser Family Foundation | Washington, DC

- ❖ Peter G. Peterson Foundation Fiscal Policy Intern
- ❖ Compiled comprehensive database of Medicaid family planning expansion programs to inform future research
- ❖ Performed qualitative research for a fact sheet on financing of maternity care in the US

Family Income Support Internship Sep 2014—May 2015

Center on Budget and Policy Priorities | Washington, DC

- ❖ Co-authored a report on state General Assistance programs and updated background research
- ❖ Drafted briefs for an advocacy tool kit distributed to 80 participants at a conference on expanding TANF work programs
- ❖ Modeled alternatives of changes to TANF policies displaying the effects on families' incomes
- ❖ Compiled data on TANF policies into summaries, fact sheets, graphs, and graphics for CBPP website used by advocates, experts, and civil society
- ❖ Monitored and summarized media on state and federal legislative and policy changes to income support programs
- ❖ Performed literature reviews of prior research related to various income support strategies

LANGUAGES AND TECHNOLOGY SKILLS

Language: Spanish, Fluent in written and oral

Technology: SPSS and STATA (academic training), Adobe Illustrator, WordPress, MailChimp, and The Raiser's Edge

DEF-INTERV.

EX. 33

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Service Employees International Union Local 521

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION**

THE REGENTS OF THE UNIVERSITY OF
CALIFORNIA and JANET NAPOLITANO,
in her official capacity as President of the
University of California,

Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
SECURITY and ELAINE DUKE, in her
official capacity as Acting Secretary of the
Department of Homeland Security,

Defendants.

CASE NO. 17-CV-05211-WHA

DECLARATION OF LISA M. GONZALES

DECLARATION OF LISA M. GONZALES

All DACA Cases (Nos. 17-5211, 17-5235, 17-5329, 17-5380, 17-5813)

STATE OF CALIFORNIA, STATE OF
MAINE, STATE OF MARYLAND, and
STATE OF MINNESOTA,

Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
SECURITY, ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
of Homeland Security, and the UNITED
STATES OF AMERICA,

Defendants.

CASE NO. 17-CV-05235-WHA

CITY OF SAN JOSE, a municipal corporation,

Plaintiffs,

v.

DONALD J. TRUMP, President of the United
States, in his official capacity, ELAINE C.
DUKE, in her official capacity, and the
UNITED STATES OF AMERICA,

Defendants.

CASE NO. 17-CV-05329-WHA

DULCE GARCIA, MIRIAM GONZALEZ
AVILA, SAUL JIMENEZ SUAREZ,
VIRIDIANA CHABOLLA MENDOZA,
NORMA RAMIREZ, and JIRAYUT
LATTHIVONGSKORN,

Plaintiffs,

v.

UNITED STATES OF AMERICA, DONALD
J. TRUMP, in his official capacity as President
of the United States, U.S. DEPARTMENT OF
HOMELAND SECURITY, and ELAINE
DUKE, in her official capacity as Acting
Secretary of Homeland Security,

Defendants.

CASE NO. 17-CV-05380-WHA

COUNTY OF SANTA CLARA and
SERVICE EMPLOYEES INTERNATIONAL
UNION LOCAL 521,

CASE NO. 17-CV-05813-WHA

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States, JEFFERSON
BEAUREGARD SESSIONS, in his official
capacity as Attorney General of the United
States; ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
of Homeland Security; and U.S.
DEPARTMENT OF HOMELAND
SECURITY,

Defendants.

DECLARATION OF LISA M. GONZALES

All DACA Cases (Nos. 17-5211, 17-5235, 17-5329, 17-5380, 17-5813)

1 I, Lisa M. Gonzales, declare:

2 1. I am the Assistant Superintendent of Educational Services at Dublin Unified School
3 District, and my prior experience includes working as a superintendent, principal, and math/science
4 teacher. I am also currently the President of the Association of California School Administrators
5 (ACSA), and in that capacity I have had the opportunity to speak with educators around the State of
6 California regarding the impact of the federal government's decision to terminate the Deferred Action
7 for Childhood Arrivals (DACA) program. I am providing this declaration in my individual capacity
8 based on my personal knowledge and experience, which includes conversations with students, parents
9 and educators around the state.

10 2. One of the responsibilities of my current job is to create the best possible teaching and
11 learning environment for all the students and staff at Dublin USD. Although there are many factors
12 involved in creating an optimal learning environment, without question schools must be considered safe
13 places where students and parents feel welcome. In California, one of the ways we ensure that students
14 feel safe and are ready to learn is that we promise them that the simple act of coming to school will not
15 expose them or their families to federal immigration enforcement action. This is not a matter of taking a
16 position on immigration policy, it is a basic necessity for a school environment where all students can
17 learn and thrive.

18 3. My understanding is that the point of the DACA program is to provide security and
19 stability for the "Dreamers," young people who were brought to this country as children and who have
20 demonstrated they will be productive contributors to our society by succeeding in school and in the
21 workforce. Dreamers include college students and young working adults, but within the K-12 public
22 school system they also include high school students, teachers and other school staff, and the parents of
23 our students. As school officials we do not ask our students or parents about their federal immigration
24 status, and do not always know which students and parents are in the DACA program. But we are
25 keenly aware of the school environment in all of our schools, including those serving largely immigrant
26 populations.
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1 4. Since the beginning of this year, I have noticed an increasing amount of uncertainty and
2 fear among students, parents and staff due to statements and actions by federal officials related to
3 immigration policy. From my perspective, there appears to be a cumulative impact of the threat that
4 many members of our community may face deportation, followed by announcements that the federal
5 government would retaliate against state and local entities that declare themselves "sanctuary"
6 jurisdictions, and now the decision to terminate the DACA program.

7 5. I am aware of many examples of harm to students, parents and staff from the general
8 actions of the federal government related to immigration enforcement, threatening statements of federal
9 officials, and more specifically, from the decision to terminate the DACA program. Most of the
10 information I have gathered is from fellow educators from different regions of the state who, like me,
11 are constantly interacting with students, parents and staff in our schools. The common denominator in
12 these stories is that many California students are effectively being denied an education because threats to
13 their security, and the security of their peers and families, have stolen their hope for the future and left
14 them unwilling or unable to continue to engage and thrive in school.

15 6. For example, a colleague and superintendent from Monterey County, has collected some
16 heartbreaking stories about students, former students, parents and teachers who are in the DACA
17 program. One Dreamer comes from a family in severe poverty and has worked to help support the
18 family while attending high school. She was recently accepted to the University of California and wants
19 to study medicine and, given her 4.1 GPA, tenacity and work ethic, she was poised to succeed. The
20 announcement that DACA will be terminated has left her feeling abandoned and she has fallen into
21 depression. Her grades are failing and she is afraid to commit to a future that may no longer be
22 available for her.

23 7. Another student in high school in Salinas, California, dreams of joining the Air Force and
24 studying electronics. A local teacher describes him as a passionate patriot who wants to serve this
25 country, the only country he has ever known. She believes the DACA decision could make or break this
26 young man, and potentially deprive our armed forces of an amazing and intelligent talent.
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1 8. I was provided details of an interview with a parent who, for obvious reasons, wished to
2 remain anonymous. She came to the United States 13 years ago and has three children in the public
3 school system; the eldest is a citizen and the other two are in the DACA program. Although her
4 youngest son has been a straight "A" student and hopes to go to college to study the sciences, his future
5 is now uncertain, his grades are falling, and he has withdrawn from his family and friends.

6 9. Finally, a principal of a middle school in Riverside County told me that she reviewed the
7 parent sign-in sheets from parent-teacher conferences that were conducted just a couple weeks ago, and
8 found she had 67% less parent participation compared to last year. She also discussed a major drop in
9 parents attending the school's English-Learner Advisory Council, with monthly meetings that used to
10 average about 130 parents down to only 20 to 30 parents during the last two months. She noted that
11 many of the families that do still attend school events are no longer willing to sign-in, and have spoken
12 to her about concerns regarding their safety going to and from school events. I heard a similar account
13 from an elementary school principal in Yolo County.

14 10. These stories are just a few illustrations of the broad and harmful impact of the
15 termination of DACA on students and parents. Students are showing increased anxiety and fear,
16 decreased engagement and attendance, increased behavioral issues, and a general disillusionment and
17 lack of motivation to complete school and/or continue to progress toward their former goals of attending
18 college or joining the workforce. Parents are no longer participating in classroom and school activities,
19 sometimes not even enrolling their children in free and reduced lunch programs. Many of the students
20 and parents are afraid that their families will be separated in the process of deportation.

21 11. Many California students attend schools serving largely immigrant populations. But it is
22 important to note that the deteriorating school environment impacts all of our students, not just those
23 threatened by the elimination of DACA. An optimal teaching and learning environment requires a
24 vibrant and diverse community of students, parents and staff. Targeting some members of the
25 community for exclusion harms the entire community. As an educator, I know that we must restore a
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1 healthy school environment for all our kids if we hope to ensure our social, economic and political
2 future.

3 I declare under penalty of perjury under the laws of the United States that the foregoing is true
4 and correct.

5 Executed on October 26, 2017, at Alameda County, California.

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8 Lisa M. Gonzales
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DEF-INTERV.

EX. 34

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Service Employees International Union Local 521

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION**

THE REGENTS OF THE UNIVERSITY OF
CALIFORNIA and JANET NAPOLITANO,
in her official capacity as President of the
University of California,

Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
SECURITY and ELAINE DUKE, in her
official capacity as Acting Secretary of the
Department of Homeland Security,

Defendants.

CASE NO. 17-CV-05211-WHA

**DECLARATION OF JENS HAINMUELLER
AND DUNCAN LAWRENCE**

STATE OF CALIFORNIA, STATE OF
MAINE, STATE OF MARYLAND, and
STATE OF MINNESOTA,

Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
SECURITY, ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
of Homeland Security, and the UNITED
STATES OF AMERICA,

Defendants.

CASE NO. 17-CV-05235-WHA

CITY OF SAN JOSE, a municipal corporation,

Plaintiffs,

v.

DONALD J. TRUMP, President of the United
States, in his official capacity, ELAINE C.
DUKE, in her official capacity, and the
UNITED STATES OF AMERICA,

Defendants.

CASE NO. 17-CV-05329-WHA

DULCE GARCIA, MIRIAM GONZALEZ
AVILA, SAUL JIMENEZ SUAREZ,
VIRIDIANA CHABOLLA MENDOZA,
NORMA RAMIREZ, and JIRAYUT
LATTHIVONGSKORN,

Plaintiffs,

v.

UNITED STATES OF AMERICA, DONALD
J. TRUMP, in his official capacity as President
of the United States, U.S. DEPARTMENT OF
HOMELAND SECURITY, and ELAINE
DUKE, in her official capacity as Acting
Secretary of Homeland Security,

Defendants.

CASE NO. 17-CV-05380-WHA

COUNTY OF SANTA CLARA and
SERVICE EMPLOYEES INTERNATIONAL
UNION LOCAL 521,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States, JEFFERSON
BEAUREGARD SESSIONS, in his official
capacity as Attorney General of the United
States; ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
of Homeland Security; and U.S.
DEPARTMENT OF HOMELAND
SECURITY,

Defendants.

CASE NO. 17-CV-05813-WHA

1 We, Jens Hainmueller and Duncan Lawrence, declare and state as follows:

2 1. Jens Hainmueller is a Professor of Political Science and Faculty Co-director of the
3 Immigration Policy Lab (“IPL”) at Stanford University, Stanford, California. Duncan Lawrence is the
4 Executive Director of IPL. We write this declaration in our personal capacity as experts in support of
5 all Plaintiffs in the related lawsuits regarding the Deferred Action for Childhood Arrivals program,
6 commonly known as DACA.

7 a. Jens Hainmueller is a Professor of Political Science at Stanford University and is
8 the Co-founder and Faculty Co-director of IPL. Mr. Hainmueller received his
9 PhD from Harvard University and also studied at the London School of
10 Economics, Brown University, and the University of Tübingen. Before joining
11 Stanford, he served on the faculty of the Massachusetts Institute of Technology.
12 He has published more than 40 articles in peer-reviewed journals. A copy of his
13 curriculum vitae is attached (Exhibit A).

14 b. Duncan Lawrence is the Executive Director of IPL. Mr. Lawrence received his
15 PhD in political science from the University of Colorado Boulder, and has
16 published several peer-reviewed articles on immigration. A copy of his
17 curriculum vitae is attached (Exhibit B).

18 2. In 2017, we (along with other colleagues) co-authored a peer-reviewed study about the
19 intergenerational effects of parental immigration status on children’s health. This study was
20 published in *Science*, and a copy is attached to this declaration (Exhibit C).

21 3. Our study focused on the Deferred Action Deferred Action for Childhood Arrivals
22 (DACA) program, which is one of the most extensive policies directed toward unauthorized
23 immigrants in recent decades. It builds on prior studies that have found that DACA is related to
24 higher rates of employment and improved health outcomes.

25 4. Our study used data from Emergency Medicaid, a government program that provides
26 coverage for emergencies and labor and delivery services for low-income individuals who are not
27 eligible for Medicaid. The program serves unauthorized immigrants and lawful permanent residents
28 with less than 5 years of residency. Estimates from states such as California indicate that 90 to 99%

1 of Emergency Medicaid recipients are unauthorized immigrants. In addition, because U.S.-born
2 children of unauthorized immigrants are U.S. citizens, they are eligible for full-scope Medicaid
3 benefits (if meeting all requirements) and can be tracked with Medicaid claims data. We limited our
4 sample to children whose mothers were under age 31 as of June 15, 2012—a date tied to the DACA
5 eligibility criterion announced when DACA was adopted on June 15, 2012. Our data did not reflect
6 whether mothers apply for DACA, but given that mothers who were born just before or after the
7 DACA birthdate cutoff are similar in confounding characteristics, we can isolate the intention-to-treat
8 effect of DACA eligibility on the health of their children.

9 5. Using this sampling criteria, we used Medicaid claims data from Oregon to identify 5,653
10 mothers born between 1980 and 1982 who were covered by Emergency Medicaid and gave birth to
11 8,610 children between 2003 and 2015. We then tracked the children's mental health outcomes by
12 using their Medicaid claims. The children in our sample were born in Oregon and are therefore U.S.
13 citizens by birth; 49% are female, 73% are Hispanic, and they were between 0 and 12 years old in
14 2015.

15 6. Although parental DACA eligibility could affect a broad range of child health outcomes,
16 we focused on the impacts on children's mental health. Because DACA offered the mothers
17 immediate relief from the risk of deportation, maternal stress might have declined, and their children
18 would no longer have had to fear being separated from them. Therefore, the children's mental well-
19 being could have improved. Moreover, examining mental health disorders that originate in childhood
20 is important because they are associated with long-term health issues, low education, and welfare
21 dependence, which generate considerable private and social costs. Our main child outcome is a broad
22 measure of any diagnoses of adjustment disorder, acute stress disorder, or anxiety disorder, measured
23 using all diagnoses in the International Classification of Diseases 9 (ICD-9) categories 309, 308, and
24 300:

- 25 a. Adjustment disorder is a reaction to an identified stressor, leading to an inability to
26 function normally. It is diagnosed on the basis of symptoms of anxiety, depressed
27 mood, and conduct disturbances and often results in considerable impairment in
28

1 important areas of functioning, such as social activities, school performance, and
2 sleep.

3 b. Acute stress disorder can be a precursor to a diagnosis of a more lasting
4 posttraumatic stress disorder (included in the ICD-9 category 309, adjustment
5 disorder). It is characterized by symptoms or behaviors similar to those that arise
6 from exposure to a traumatic or stressful event, but acute stress disorders cannot (by
7 definition) last longer than 1 month.

8 c. Anxiety disorders are characterized by excessive fear, anxiety, and related
9 behavioral disturbances that can lead to substantial distress or impairment. An
10 external stressor might not be clearly identified, and anxiety disorders can be caused
11 by environmental, genetic, or physiological factors.

12 These mental health disorders in childhood are associated with considerable developmental,
13 psychosocial, and psycho-pathological complications for children and their families.

14 7. We found that mothers' eligibility for DACA protection led to a significant improvement
15 in their children's mental health. Specifically, Mothers' DACA eligibility reduced adjustment and
16 anxiety disorder diagnoses in their children by 4.3 percentage points ($P = 0.023$) from a baseline rate
17 of 7.9% among children of ineligible mothers at the threshold. This reduction represents more than a
18 50% drop in the rate of these disorders (albeit with a wide 95% confidence interval (CI) for the
19 magnitude of the estimated effect) and provides evidence that mothers' DACA eligibility sharply
20 improved their children's mental health.

21 8. The causal link between parental DACA eligibility and positive child mental health
22 outcomes is based on the idea that the DACA birthdate cutoff is an arbitrary date, and, therefore,
23 children of ineligible mothers born just before the birthdate cutoff should be similar in all respects,
24 including in possible confounding characteristics, to children of DACA-eligible mothers born just
25 after the cutoff. We corroborated this continuity assumption by testing for differences in the
26 prevalence of disorder diagnoses in the children during a similar time period pre-DACA (2003 to
27 quarter 2, 2012) and at the cutoff date. We confirmed that there were no discernible difference in the
28 prevalence of disorder diagnoses at the same cutoff date for the pre-DACA period. The difference in

1 diagnosis rates at the cutoff was a statistically insignificant 0.4 percentage points. All our tests
2 suggested that we can isolate the causal effects of mothers' DACA eligibility at the birthdate cutoff.

3 9. We also confirmed that there were no discernible differences in diagnoses at the same
4 birthdate cutoff among children of mothers who were covered by standard Medicaid at the time they
5 gave birth. These mothers should not be affected by DACA eligibility, given that standard Medicaid
6 in Oregon is open only to low-income U.S. citizens and long-term lawful permanent residents. This
7 check again underscores that, in the absence of changes in DACA eligibility, there is no evidence of
8 confounders associated with having a mother who is born just before or after the cutoff date that
9 could explain the observed post-DACA difference in child mental health outcomes.

10 10. Because health care utilization could be affected by immigration status, we also checked
11 for the possibility that the drop in diagnoses reflects a DACA-induced change in health care visits,
12 which could affect the probability of detection of mental health disorders. We found no support for
13 this. Mothers' DACA eligibility had no discernible impact on their children's health care utilization
14 during the post-DACA period, as measured either by the total number of visits, the number of
15 emergency room (ER) and urgent care visits, or the number of outpatient visits. Consistent with this,
16 in a non-prespecified analysis, we also found that the effects of mothers' DACA eligibility on child
17 mental health were similar when we restricted the sample to children who had at least one health care
18 visit in the post-DACA period.

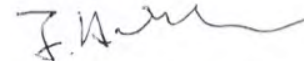
19 11. Our results provide causal evidence supporting the theory that parental unauthorized
20 immigration status has important intergenerational effects on the well-being and development of
21 children in immigrant families. Protecting unauthorized immigrants from deportation led to
22 immediate and sizable improvements in the mental health of their U.S. citizen children. This
23 suggests that parents' unauthorized status is a substantial stressor that stymies normal child
24 development and perpetuates health inequalities by transferring parental disadvantages to children.

25 12. Our findings have important implications for immigration and health care policy. Prior
26 research has suggested that early childhood exposure to stress and adversity does not only cause poor
27 health and impaired development in the short term; the issues can also persist into adulthood.
28 Anxiety and psychosocial stress have been identified as risk factors for depression, substance abuse,

1 cardiovascular diseases, and obesity. Treatment of mental disorders also carries considerable
2 economic costs. Prior research indicates that they account for the highest total health care
3 expenditures of all children's medical conditions and that they are associated with poor long-term
4 outcomes for school performance and welfare reliance. By reducing mental health problems,
5 deferred action can therefore have important multiplier effects through improving the future
6 prospects of the children of unauthorized immigrants.

7 13. Conversely, the termination of DACA is likely to erode the mental health gains we
8 measured and lead to corresponding economic and public health costs in both the short-term and long
9 term.

10
11 We declare under penalty of perjury under the laws of the United States that the foregoing is
12 true and correct and that this declaration was executed on October 23, 2017 in Stanford, California.

13
14 

15 JENS HAINMUELLER

16
17 

18 DUNCAN LAWRENCE

EXHIBIT A

Curriculum Vitae

Jens Hainmueller

Office:

Department of Political Science, Stanford University, Encina Hall West, Room 440, 616 Serra Street, Stanford, CA 94305-6044
jhain@stanford.edu, <http://www.stanford.edu/~jhain>

Current Positions

Full Professor, Department of Political Science, Stanford University, 2016-present.
Full Professor (by courtesy), Graduate School of Business, Stanford University, 2016-present

Academic Affiliations

Founder and Faculty Co-Director, Stanford Immigration Policy Lab, 2014-present
Faculty Associate, Institute for Quantitative Social Science, Harvard University, 2009-present
Faculty Fellow, WZB Berlin Social Research Center, 2013-15
Faculty Fellow, Centre for Research and Analysis of Migration, University College London, 2013-present
Faculty Affiliate, Stanford Europe Center, 2014-present
Faculty Affiliate, Stanford Center for Comparative Studies in Race and Ethnicity, 2015-present
Member, Experiments on Governance and Politics (EGAP)

Previous Positions

Associate Professor, Department of Political Science, Stanford University, 2014-2016.
Associate Professor (by courtesy), Graduate School of Business, Stanford University, 2014-2016.
Associate Professor, Department of Political Science, Massachusetts Institute of Technology, 2012-2013.
Assistant Professor, Department of Political Science, Massachusetts Institute of Technology, 2009–2012.

Education

Ph.D., Government, Harvard University, 2009.
M.P.A., Master of Public Administration, Harvard University, Kennedy School of Government, 2005.
M.Sc., International Political Economy (with Distinction), London School of Economics, 2003.
DAAD Research Fellow, Political Science Department, Brown University, 2001–2002.
B.A., *Zwischenprüfung* (Summa Cum Laude), Tübingen University, 2001.

Impact Factor

Google Scholar Citations: 6,248
Google Scholar h-index: 29
Google Scholar i10-index: 47

Selected Awards and Honors

Andrew Carnegie Fellow 2016-2017. Awarded by the Carnegie Corporation of New York to the country's most creative thinkers to support research on challenges to democracy and international order.
Halbert White Info-Metrics Prize 2016. Awarded by the Info-Metrics Institute for scholars across disciplines who have creatively used info-metrics methods in their respective disciplines, with the potential for significant impact in those disciplines.
Warren Miller Prize 2015. Awarded by the Society of Political Methodology for the best work appearing in *Political Analysis* the preceding year.
Emerging Scholar Award 2014. Awarded by the Society for Political Methodology to honor a researcher, within ten years of their PhD, who is making notable contributions to the field of political methodology.
Political Analysis Editors' Choice Award 2014. Given to papers that the Editors see as providing an especially significant contribution to political methodology.
Warren Miller Prize 2013. Awarded by the Society of Political Methodology for the best work appearing in *Political Analysis* the preceding year.
Best Paper on the study of elections, public opinion, and voting behavior 2013. Awarded by the American Political Science Association.
Best Paper on the study of labor in politics 2012. Awarded by the American Political Science Association.

Robert H. Durr Award 2012 awarded by the Midwest Political Science Association for the best paper applying quantitative methods to a substantive problem in political science.

Senator Charles Sumner Prize 2009. Awarded by Harvard faculty for the best dissertation from the legal, political, historical, economic, social, or ethnic approach.

Robert H. Durr Award 2008 awarded by the Midwest Political Science Association for the best paper applying quantitative methods to a substantive problem in political science.

Gosnell Prize for Excellence in Political Methodology 2007. Awarded by the Society of Political Methodology for the best work in political methodology presented at any political science conference during the preceding year.

Publications

Peer Reviewed Articles

43. "Protecting Unauthorized Immigrant Mothers Improves their Children's Mental Health" (with D. Lawrence, L. Martén, B. Black, L. Figueroa, M. Hotard, T. Jiménez, F. Mendoza, M. Rodriguez, J. Swartz, D. Laitin). *Science*. doi.org/10.1126/science.aan5893
42. "The Number of Choice Tasks and Survey Satisficing in Conjoint Experiments" (with K. Bansak, D. Hopkins, and T. Yamamoto). *Political Analysis*. (forthcoming).
41. "Expanding prenatal care to unauthorized immigrant women and the effects on infant health" (with J. Swartz, D. Lawrence, and M. Rodriguez). *Obstetrics & Gynecology*. (forthcoming).
40. "Europeans Would Support a Proportional Allocation of Asylum Seekers" (with K. Bansak and D. Hangartner). *Nature Human Behaviour*. doi:10.1038/s41562-017-0133.
39. "Providing driver's licenses to unauthorized immigrants in California improves traffic safety" (with D. Lawrence and H. Lueders). *Proceedings of the National Academy of Sciences*. doi: 10.1073/pnas.1618991114.
38. "Policy Design and Domestic Support for International Bailouts" (with M. Bechtel and Y. Margalit). *European Journal of Political Research*. 10.1111/1475-6765.12210.
37. "How Economic, Humanitarian, and Religious Concerns Shape European Attitudes toward Asylum Seekers" (with K. Bansak and D. Hangartner). *Science*. doi: 10.1126/science.aag2147.
36. "When lives are put on hold: Lengthy asylum processes decrease employment among refugees" (with D. Hangartner and D. Lawrence). *Science Advances*. 2(8), e1600432.
35. "Catalyst or Crown: Does Naturalization Promote the Long-Term Social Integration of Immigrants?" (with D. Hangartner and G. Pietrantuono). *American Political Science Review*. pp. 1-21. doi: 10.1017/S0003055416000745.
34. "krnl: A Stata Package for Kernel-Based Regularized Least Squares" (with J. Ferwerda and C. Hazlett). *Journal of Statistical Software*. doi: 10.18637/jss.v079.i03.
33. "Naturalization fosters the long-term political integration of immigrants" (with D. Hangartner and G. Pietrantuono). *Proceedings of the National Academy of Sciences*. doi: 10.1073/pnas.1418794112.
32. "Does Lean Improve Labor Standards? Management and Social Performance in the Nike Supply Chain" (with Distelhorst, G. and R. Locke). *Management Science*. doi: http://dx.doi.org/10.1287/mnsc.2015.2369
31. "Do Lower Caseloads Improve the Performance of Public Employment Services? New Evidence from German Employment Offices" (with B. Hofmann, G. Krug, and K. Wolf). *Scandinavian Journal of Economics*. doi: 10.1111/sjoe.12166
30. "Does Direct Democracy Hurt Immigrant Minorities? Evidence from Naturalization Decisions in Switzerland" (with D. Hangartner). *American Journal of Political Science*. (Forthcoming 2015).
29. "Validating vignette and conjoint survey experiments against real-world behavior" (with D. Hangartner and T. Yamamoto). *Proceedings of the National Academy of Sciences*. 112 (8): 2395-2400. 2015.
28. "Assessing the External Validity of Election RD Estimates: An Investigation of the Incumbency Advantage" (with A. Hall and J. Snyder). *Journal of Politics*. 77(3): 707-720. 2015.

27. “Do Concerns about Labour Market Competition Shape Attitudes Toward Immigration? New Evidence from U.S. Workers” (with M. Hiscox and Y. Margalit). *Journal of International Economics*. 97: 193-207. 2015.
26. “The Hidden American Immigration Consensus: A Conjoint Analysis of Attitudes Toward Immigrants” (with D. Hopkins). *American Journal of Political Science*. 59(3): 529-548. 2015. Winner of the American Political Science Association’s Best Paper Award for the study of Elections, Public Opinion, and Voting Behavior.
25. “On the Validity of the Regression Discontinuity Design for Estimating Electoral Effects: New Evidence from Over 40,000 Close Races” (with A. Eggers, A. Fowler, A. Hall, and J. Snyder). *American Journal of Political Science*. 59 (1): 259-274. 2015.
24. “Consumer Demand for the Fair Trade Label: Evidence from a Field Experiment” (with M. Hiscox and S. Sequeira). *Review of Economics and Statistics*. 97(2): 242-256. 2015.
23. “Reality Bites: The Limits of Framing Effects for Salient and Contested Policy Issues” (with M. Bechtel, D. Hangartner, and M. Helbling). *Political Science Research and Methods*. 3 (3): 683-695. 2015.
22. “Comparative Politics and the Synthetic Control Method” (with A. Abadie and A. Diamond). *American Journal of Political Science*. 59 (2): 495-510. 2015.
21. “Political Capital: Corporate Connections and Stock Investments in the U.S. Congress, 2004-2008” (with A. Eggers). *Quarterly Journal of Political Science*. 9 (2): 169-202. 2014.
20. “Causal Inference in Conjoint Analysis: Understanding Multi-Dimensional Choices via Stated Preference Experiments” (with D. Hopkins and T. Yamamoto). *Political Analysis*. 22 (1): 1-30. 2014. Winner of the *Editors’ Choice Award* given to papers that the Editors see as providing an especially significant contribution to political methodology. Winner of the 2015 Warren Miller Prize for the best work appearing in *Political Analysis* the preceding year.
19. “Public Attitudes toward Immigration” (with D. Hopkins). *Annual Review of Political Science*. 17: 225-249. 2014
18. “Kernel Regularized Least Squares: Reducing Misspecification Bias with a Flexible and Interpretable Machine Learning Approach” (with C. Hazlett). *Political Analysis*. 22 (2): 143-168. 2014.
17. “Preferences for International Redistribution: The Divide Over the Eurozone Bailouts” (with M. Bechtel and Y. Margalit). *American Journal of Political Science*. 58 (4): 835-856. 2014.
16. “Capitol Losses: The Mediocre Performance of Congressional Stock Portfolios, 2004-2008” (with A. Eggers). *Journal of Politics*. 75(2): 535-551. 2013.
15. “Who Gets a Swiss Passport? A Natural Experiment in Immigrant Discrimination” (with D. Hangartner). *American Political Science Review*. 107(1): 159-187. 2013. Winner of the Robert H. Durr 2012 award for the best paper applying quantitative methods to a substantive problem in political science.
14. “ebalance: A Stata Package for Entropy Balancing” (with Y. Xu). *Journal of Statistical Software*. 54(7). 2013.
13. “Entropy Balancing: A Multivariate Reweighting Method to Produce Balanced Samples in Observational Studies” *Political Analysis*. 20 (1): 25-46. 2012. Winner of the 2013 Warren Miller Prize for the best work appearing in *Political Analysis* the preceding year.
12. “How Lasting is Voter Gratitude? An Analysis of the Short- and Long-term Electoral Returns to Beneficial Policy” (with M. Bechtel). *American Journal of Political Science*. 55 (4): 852-868. 2011.
11. “Synth: An R Package for Synthetic Control Methods in Comparative Case Studies” (with A. Abadie and A. Diamond). *Journal of Statistical Software*. 42 (13): 1-13. 2011.
10. “Attitudes toward Highly Skilled and Low Skilled Immigration: Evidence from a Survey Experiment” (with M. Hiscox). *American Political Science Review*. 104 (1): 61-84. 2010.

9. “MPs for Sale: Estimating Returns to Office in Post-War British Politics” (with A. Eggers). *American Political Science Review*. 103 (4): 513-533. 2009. Winner of the Robert H. Durr 2008 award for the best paper applying quantitative methods to a substantive problem in political science.
8. “Synthetic Control Methods for Comparative Case Studies of Aggregate Interventions: Estimating the Effect of California’s Tobacco Control Program” (with A. Abadie and A. Diamond). *Journal of the American Statistical Association*. 105(490): 493-505. 2010. Winner of the Gosnell Prize for Excellence in Political Methodology. Among JASA’s 10 most cited articles in 2009-11.
7. “Opium for the Masses: How Free Foreign Media can Stabilize Authoritarian Regimes” (with H. Kern). *Political Analysis*. 17: 377-399. 2009.
6. “Incumbency as a Source of Spillover Effects in Mixed Electoral Systems: Evidence from a Regression-Discontinuity Design” (with H. Kern). *Electoral Studies*. 27 (2): 213-227. 2008.
5. “Phylogenetic analysis and structural predictions of human adenovirus penton proteins as a basis for tissue-specific adenovirus vector design” (with I. Madisch, S. Hofmayer, C. Moritz, A. Grintzalis, P. Pring-Akerblom, and A. Heim) *Journal of Virology* 81(15): 8270-81. 2007.
4. “Educated Preferences: Explaining Individual Attitudes Toward Immigration in Europe” (with M. Hiscox). *International Organization*. 61(2): 399-442. 2007.
3. “Electoral Balancing, Divided Government, and Midterm Loss in German Elections” (with H. Kern). *Journal of Legislative Studies*. 12 (2): 127-149. 2006.
2. “Learning to Love Globalization: The Effects of Education on Individual Attitudes Toward International Trade” (with M. Hiscox). *International Organization*. 60 (2) 469-498. 2006.
1. “Why do Europeans fly safer? The politics of airport security in Europe and the US” (with M. Lemnitzer). *Terrorism and Political Violence*. 15 (4): 1-36. 2003.

Book Chapters

- B.2 “Voter Attitudes towards High- and Low-Skilled Immigrants: Evidence from Survey Experiments” (with M. Hiscox, reprinted APSR manuscript) in *Immigration and Public Opinion in Liberal Democracies*. G. P. Freeman, R. Hansen, D. L. Leal (eds.). Routledge Research in Comparative Politics. 2012.
- B.1 “Wahlkreisarbeit zahlt sich doppelt aus - Zur Wirkung des Amtsinhaberstatus einer Partei auf ihren Zweitstimmenanteil bei den Bundestagswahlen 1949 bis 1998” (with H. Kern und M. Bechtel) in *Jahrbuch für Handlungs- und Entscheidungstheorie*. 11-47. 2006. T. Bräuninger and J. Behnke (eds.). Wiesbaden: Verlag für Sozialwissenschaft.

Software

- S.6 *interflex Package* (with Y. Xu and J. Mummolo). *interflex* is a statistical software that implements multiplicative interaction models with diagnostics and visualization. *interflex* is available as an R library and a Stata routine.
- S.5 *Synth Package* (with A. Abadie and A. Diamond). *Synth* is a statistical software that implements synthetic control methods for causal inference in comparative case studies. *Synth* is available as an R library, MATLAB code, and a Stata routine.
- S.4 *ebalance Package*. *ebalance* is a statistical software that implements entropy balancing. *ebalance* is available as an R library and as a Stata routine.
- S.3 *KRLS Package* (with C. Hazlett). *KRLS* is a statistical software that implements Kernel Regularized Least Squares. *KRLS* is available as an R library, MATLAB code, and a Stata routine.
- S.2 *Conjoint Survey Design Tool* (with A. Strezhnev, D. Hopkins, and T. Yamamoto). The Conjoint Survey Design Tool assists researchers in creating conjoint experiments that can be readily incorporated into pre-existing web survey software.
- S.1 *cjoint* (with A. Strezhnev, E. Berwick, D. Hopkins, and T. Yamamoto). The *cjoint* R package implements the Average Marginal Component-specific Effects (AMCE) estimator for conjoint experiments.

Work in Progress*Under Review*

“How Much Should We Trust Estimates from Multiplicative Interaction Models? Simple Tools to Improve Empirical Practice” (with J. Mummolo and Y. Xu)

”The Ideological Basis of the Grexit Debate” (with K. Bansak, M. Bechtel and Y. Margalit). 2015.

“The Socially Conscious Consumer? Field Experimental Tests of Consumer Support for Fair Labor Standards” (with M. Hiscox). 2014. Winner of the American Political Science Association’s Labor Project Best Paper award for the best paper on the study of labor in politics.

“Buying Green? Field Experimental Tests of Consumer Support for Environmentalism” (with M. Hiscox). 2014.

Selected Grants

Robert Wood Johnson Foundation \$70,150. Assessing the fiscal and health consequences of providing prenatal care to undocumented and recently arrived immigrants.

Russell Sage Foundation \$109,065. Impact of Undocumented Status.

Ford Foundation \$800,000. Core Support Immigration Policy Lab.

Andrew Carnegie Fellow \$200,000.

Swiss National Science Foundation, Impact of Asylum Policies on Refugee Integration \$280,000.

New York Community Trust \$300,000.

Robin Hood Foundation \$800,000.

UPS Endowment Fund \$60,000.

FSI Policy Implementation Lab Seed Funding \$35,000.

Time Sharing Experiments in the Social Sciences, Conjoint Voting Study.

Swiss National Science Foundation, Mass Support for Financial Bailouts \$245,000.

Swiss National Science Foundation, Effects of Citizenship Project \$200,000.

Russell Sage Foundation, Value of Citizenship Pilot Project \$35,000.

WZB Research Grant, Wissenschaftszentrum Berlin EUR 35’000.

Swiss National Science Foundation, Local Xenophobia Project \$220,000.

NBER Africa Project \$65,000.

Humanity United Foundation, Fair Trade Project \$235,000.

Humanity United Foundation, Consumer Demand for Ethical Products \$20,000.

Professional Experience

Statistical consultant, International Finance Corporation, The World Bank Group.

Statistical consultant, German Federal Labor Market Agency.

Statistical consultant, German Research Institute for Labor Market Policy (IAB).

Advising Ph.D. Students*Main Dissertation Advisor*

Yiqing Xu, Assistant Professor, University of California San Diego (graduated 2015)

Chad Hazlett, Assistant Professor, University of California Los Angeles (graduated 2013)

Mathilde Emeriau, ongoing

Kirk Bansak, ongoing

Dissertation Committee Member

Francisco Garfias, Assistant Professor, University of California San Diego (graduated 2016)

Jeremy Ferwerda, Assistant Professor, Dartmouth College (graduated 2015)

Greg Distelhorst, Assistant Professor, Oxford University Said Business School (graduated 2013)

Michael Sances, Assistant Professor, University of Memphis (graduated 2013)

Lucas Puente, Policy Analyst, Thumbtack, Inc (graduated 2015)

Tannis Thorlakson, ongoing

Jens Hainmueller

6

Teaching

Political Methodology I: Regression, Stanford

- Autumn 2015-16 (Overall Rating: 4.8 out of 5)
- Autumn 2014-15 (Overall Rating: 4.5 out of 5)

Political Methodology II: Causal Inference, Stanford

- Winter 2015-16 (Overall Rating: 4.7 out of 5)
- Winter 2014-15 (Overall Rating: 4.4 out of 5)
- Spring 2013-14 (Overall Rating: 4.8 out of 5)

Empirical Methods in Political Economy, Fall 2013, MIT

Quantitative Research Methods II: Advanced Empirical Methods, MIT

- Spring 2012 (Overall Rating: 6.9 out of 7)
- Spring 2011 (Overall Rating: 4.7 out of 5)
- Spring 2010 (Overall Rating: 4.9 out of 5)

Quantitative Research Methods I: Regression, MIT

- Fall 2011 (Overall Rating: 6.4 out of 7)
- Fall 2010 (Overall Rating: 4.8 out of 5)
- Fall 2009 (Overall Rating: 4.0 out of 5)

Designing and Implementing Field Experiments, 2012, MIT. Overall rating: 4.8 out of 5.

August, 2017

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EXHIBIT B

Duncan Lawrence

Curriculum Vitae

Education

- 2007–2013 **PhD/MA**, *University of Colorado*, Boulder, CO.
Political Science
- 2000–2004 **BA**, *Hamilton College*, Clinton, NY.
World Politics

Professional Experience

- 2014–Present **Executive Director**, IMMIGRATION POLICY LAB, STANFORD UNIVERSITY, Stanford, CA.
- 2012–2017 **Co-Founder**, TELLURIDE RESEARCH GROUP, LLC, Denver, CO.
- 2013–2014 **Associate**, ROCKY MOUNTAIN INSTITUTE, Boulder, CO.
- 2011–2012 **Graduate Instructor**, UNIVERSITY OF COLORADO, Boulder, CO.
- 2011 **Research Methods Mentor/Field Survey Coordinator**, UNIVERSITY OF COLORADO, Arequipa, Peru.
- 2008–2011 **Research Assistant**, UNIVERSITY OF COLORADO, Boulder, CO.
- 2007–2011 **Teaching Assistant**, UNIVERSITY OF COLORADO, Boulder, CO.
- 2006–2007 **Medical Interpreter**, EL PUENTE, Jackson, WY.

Publications

Peer Reviewed Articles

8. "Expanding Prenatal Care to Unauthorized Immigrant Women and the Effects on Infant Health" (with J. Swartz, J. Hainmueller, and M. Rodriguez) *Obstetrics and Gynecology*. 2017.
7. "Protecting unauthorized immigrant mothers improves their children's mental health" (with J. Hainmueller et al.) *Science*. 2017.
6. "Providing driver's licenses to unauthorized immigrants in California improves traffic safety." (with H. Leuders and J. Hainmueller) *Proceedings of the National Academy of Sciences*. 114(16):4111-4116, 2017.
5. "When lives are put on hold: Lengthy asylum processes decrease employment among refugees." (with D. Hangartner and J. Hainmueller) *Science Advances*, 2(8):e1600432, 2016.
4. "More trees, more poverty? The socioeconomic effects of tree plantations in Chile, 2001–2011." (with K. Andersson, J. Zavaleta, and M. R. Guariguata) *Environmental Management*, 57(1):123–136, 2016.

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1/3

3. "Crossing the cordillera: Immigrant attributes and Chilean attitudes." *Latin American Research Review*, 50(4):154–177, 2015.
2. "Local cohesion and radical right support: The case of the Swiss People's Party." (with J. Fitzgerald) *Electoral Studies*, 30(4):834–847, 2011.
1. "Immigration Attitudes in Latin America: Culture, Economics, and the Catholic Church." *The Latin Americanist*, 55(4), 143-170, 2011.

Grants

Co-Principal Investigator

- 2017 STANFORD CHILD HEALTH RESEARCH INSTITUTE, \$100,000.
- 2017 STANFORD CENTER FOR CLINICAL AND TRANSLATIONAL RESEARCH AND EDUCATION, \$20,000.
- 2016 ROBERT WOOD JOHNSON FOUNDATION - EVIDENCE FOR ACTION, \$70,150.
- 2016 RUSSELL SAGE FOUNDATION, \$109,065.

Lab Research/Core Support

- 2016 FORD FOUNDATION, \$400,000.
- 2016 NATIONAL SCIENCE FOUNDATION, \$149,978.
- 2016 ROBIN HOOD FOUNDATION, \$800,000.
- 2016 NEW YORK COMMUNITY TRUST, \$350,000.
- 2015 UPS ENDOWMENT FUND, \$60,110.

Fellowships

- 2013 Fulbright Scholar – Chile
- 2011 University of Colorado Department of Recreation Services Graduate Fellowship
- 2008–2011 University of Colorado Department of Political Science Summer Research Fellowship
- 2009 CARTSS Scholars Grant (co-investigator)
- 2005 Fulbright English Teaching Fellowship – Argentina

Awards and Honors

- 2012 Best Graduate Instructor, Department of Political Science, University of Colorado Boulder
- 2004 Phi Beta Kappa Honor Society
- 2004 Pi Sigma Alpha Honor Society
- 2004 Constantine Karamanlis Award – Outstanding Senior Concentrator in World Politics
- 200–2004 Dean's List

Teaching Experience

- Instructor International Political Economy (2011,2012); Global Development (2012)

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Teaching Assistant Comparative Politics (2007–2010); Topics in Political Data Analysis (2010)
Experiential Education Instructor Hamilton College Outdoor Leadership Program (2001–2004); Hulbert Outdoor Center (2004); Wilderness Ventures (2004, 2006)

Skills

Intermediate L^AT_EX, R, Smartsheets, Asana
Advanced Google Apps, Microsoft Office, Stata, Zotero

EXHIBIT C

RESEARCH

SOCIAL SCIENCE

Protecting unauthorized immigrant mothers improves their children's mental health

Jens Hainmueller,^{1,2,3*}† Duncan Lawrence,²† Linna Martén,^{2,4}† Bernard Black,⁵
Lucila Figueroa,^{2,6} Michael Hotard,² Tomás R. Jiménez,⁷ Fernando Mendoza,⁸
Maria I. Rodriguez,⁹ Jonas J. Swartz,⁹ David D. Laitin^{1,2}

The United States is embroiled in a debate about whether to protect or deport its estimated 11 million unauthorized immigrants, but the fact that these immigrants are also parents to more than 4 million U.S.-born children is often overlooked. We provide causal evidence of the impact of parents' unauthorized immigration status on the health of their U.S. citizen children. The Deferred Action for Childhood Arrivals (DACA) program granted temporary protection from deportation to more than 780,000 unauthorized immigrants. We used Medicaid claims data from Oregon and exploited the quasi-random assignment of DACA eligibility among mothers with birthdates close to the DACA age qualification cutoff. Mothers' DACA eligibility significantly decreased adjustment and anxiety disorder diagnoses among their children. Parents' unauthorized status is thus a substantial barrier to normal child development and perpetuates health inequalities through the intergenerational transmission of disadvantage.

There is an ongoing, heated debate about the fate of the estimated 11 million unauthorized immigrants living in the United States. One important and often overlooked issue in these policy debates is that unauthorized immigrants are also parents to more than 4 million children who are U.S. citizens by birth (1, 2). How are these children affected by the unauthorized status of their parents? Research has largely focused on the impacts of unauthorized status on the immigrants themselves (3), but we know much less about the potential intergenerational effects of this status on the well-being of their offspring (4).

A growing body of research has demonstrated links between parental immigration status and child development (5–10) and generated insights into how it might affect children's health. Children of unauthorized immigrant parents face challenges beyond low socioeconomic status, including parental anxiety, fear of separation, and acculturative stress. Parent-child separations can be harmful to children's health, economic security, and long-term development. Virtually all of these studies have been qualitative or correla-

tional because of the difficulties in isolating the causal effects of parents' immigration status and collecting systematic data on large samples of unauthorized immigrants.

Families with unauthorized immigrant parents differ from families with authorized immigrant parents in many confounding characteristics (e.g., education, health care, and poverty) that might generate differences in child outcomes (11–13). This nonrandom selection implies that typical observational studies cannot isolate the causal effect of immigration status. Indeed, a recent consensus statement of the Society for Research on Adolescence (14) concludes that “Nonexperimental or quasiexperimental research with strong causal inference...has been lacking to date in studies of policies and practices related to unauthorized status.”

The study of unauthorized status is further constrained by the difficulty of collecting systematic samples, because unauthorized immigrants are underrepresented in general population surveys (15). Moreover, questions about the unauthorized status of immigrants are typically avoided given concerns about confidentiality and reporting biases (16). Researchers therefore often have to resort to noisy proxies for unauthorized status, such as the identification of individuals as foreign-born, Hispanic, or Spanish-speaking (17, 18).

We provide causal evidence of the intergenerational impact of parental immigration status on children's health. We focus on the Deferred Action for Childhood Arrivals (DACA) program, which is one of the most extensive policies directed toward unauthorized immigrants in recent decades. The DACA program, announced in 2012 by President Obama, protects recipients from deportation by granting them a 2-year (renewable) deferred action status, while also allow-

ing them to obtain temporary work authorization. More than 780,000 unauthorized immigrants so far have received deferred action through this program (19) (fig. S1). Although DACA recipients arrived in the United States as children, many are now adults and have become parents themselves. An estimated 200,000 children had parents who were eligible for DACA at the time the policy was announced (2). Although some studies have found that DACA recipients have higher rates of employment (20–22) and improved health outcomes (23, 24), the intergenerational effects of DACA are largely unknown.

To address the sampling problem, we used data from Emergency Medicaid, a government program that provides coverage for emergencies and labor and delivery services for low-income individuals who are not eligible for Medicaid. The program mainly serves unauthorized immigrants, but lawful permanent residents with less than 5 years of residency can also obtain coverage. Estimates from states such as California and North Carolina indicate that 90 to 99% of Emergency Medicaid recipients are unauthorized immigrants (25, 26). In addition, because U.S.-born children of unauthorized immigrants are U.S. citizens, they are eligible for full-scope Medicaid benefits and can be tracked with Medicaid claims data.

To overcome the causal identification problem, we applied a regression discontinuity (RD) design (27) that leverages the DACA eligibility criterion (28) stipulating that recipients must have been under age 31 as of 15 June 2012. Hence, a person born on 16 June 1981 meets the DACA age eligibility requirement, whereas a person born on 14 June 1981 does not. The age eligibility criterion was announced when DACA was adopted on 15 June 2012. The Emergency Medicaid enrollment data include the mother's exact date of birth, and this permits us to leverage a quasi-experiment in which DACA eligibility is as good as randomly assigned for those born around the arbitrary birthdate cutoff. We do not observe whether mothers apply for DACA, but given that mothers who were born just before or after the DACA birthdate cutoff are similar in confounding characteristics, we can isolate the intention-to-treat effect of DACA eligibility on the health of their children. Prior studies provide evidence that RD designs that exploit arbitrary cutoff points in eligibility criteria are effective in replicating results from randomized experiments (29–31).

We drew on Medicaid claims data from Oregon to identify 5653 mothers born between 1980 and 1982 who were covered by Emergency Medicaid and gave birth to 8610 children during 2003 to 2015. We then tracked the children's mental health outcomes by using their Medicaid claims. The children in our sample were born in Oregon and are therefore U.S. citizens by birth; 49% are female, 73% are Hispanic, and they were between 0 and 12 years old in 2015 (table S1 provides descriptive statistics).

Although parental DACA eligibility could affect a broad range of child health outcomes, we focused on the impacts on children's mental

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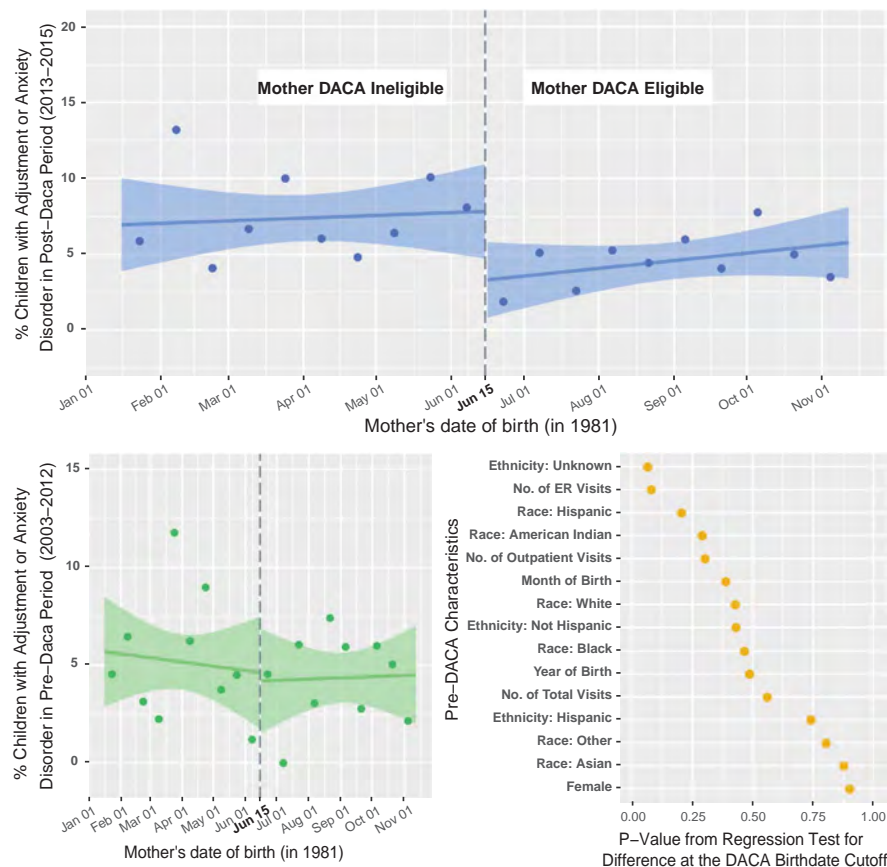


Fig. 1. Results from applying the regression discontinuity design. (Top) In the post-DACA period (2013 to 2015), children of DACA-eligible mothers (born after 15 June 1981) experienced markedly lower rates of diagnosed adjustment and/or anxiety disorders than children of ineligible mothers (born before 15 June 1981). Lines are average diagnosis rates (with 95% confidence bands) from local linear regressions fitted to the sample of children whose mothers' birthdates were within ± 150 days of the DACA eligibility cutoff ($n = 2260$), and circles are average diagnosis rates within each 15-day birthdate interval. **(Bottom left)** There was no such difference in children's diagnosis rates in the pre-DACA period (2003 to 2012). **(Bottom right)** There was no statistical evidence for discontinuities in other background characteristics that might confound the comparison at the DACA birthdate eligibility cutoff.

health. Because DACA offered the mothers immediate relief from the risk of deportation, maternal stress might have declined, and their children would no longer have had to fear being separated from them. Therefore, the children's mental well-being could have improved (4, 6). Moreover, examining mental health disorders that originate in childhood is important because they are associated with long-term health issues, low education, and welfare dependence, which generate considerable private and social costs (32–34).

We focused on disorders that result from external events, rather than genetic or physiological factors. We prespecified all outcomes and analyses, except when otherwise noted, in a pre-registered analysis plan made available at the Evidence in Governance and Politics website under study ID 20170227AC. Our main child outcome is a broad measure of any diagnoses of

adjustment disorder, acute stress disorder, or anxiety disorder, measured using all diagnoses in the International Classification of Diseases 9 (ICD-9) categories 309, 308, and 300 (35).

Adjustment disorder is a reaction to an identified stressor, leading to an inability to function normally. It is diagnosed on the basis of symptoms of anxiety, depressed mood, and conduct disturbances and often results in considerable impairment in important areas of functioning, such as social activities, school performance, and sleep (36, 37). Acute stress disorder can be a precursor to a diagnosis of a more lasting post-traumatic stress disorder (included in the ICD-9 category 309, adjustment disorder). It is characterized by symptoms or behaviors similar to those that arise from exposure to a traumatic or stressful event, but acute stress disorders cannot (by definition) last longer than 1 month (36). Because stress disorder and adjustment disorder

are related, we prespecified both as a combined outcome measure of adjustment disorder. Anxiety disorders are characterized by excessive fear, anxiety, and related behavioral disturbances that can lead to substantial distress or impairment. An external stressor might not be clearly identified, and anxiety disorders can be caused by environmental, genetic, or physiological factors (36).

These mental health disorders in childhood are associated with considerable developmental, psychosocial, and psychopathological complications for children and their families (32). For the children in our sample who were diagnosed with adjustment disorder, acute stress disorder, or anxiety disorder, the first diagnoses occurred on average at 6.7 years of age with a standard deviation of 2.6 years (tables S1 and S2 provide descriptive statistics). Details about the measures, sample, design, and statistical analysis can be found in the materials and methods section of the supplementary materials.

Figure 1 illustrates the main finding and quasi-experimental nature of the RD design. The percent of children diagnosed with adjustment or anxiety disorders during the post-DACA period (2013 to 2015) dropped by about 4.5 percentage points ($P = 0.037$; local linear regression) at the birthdate cutoff where mothers become eligible for DACA. This reduction, from 7.8 to 3.3%, provides evidence that mothers' DACA eligibility sharply improved their children's mental health.

The causal logic of the RD design is based on the idea that the DACA birthdate cutoff is an arbitrary date, and, therefore, children of ineligible mothers born just before the birthdate cutoff should be similar in all respects, including in possible confounding characteristics, to children of DACA-eligible mothers born just after the cutoff. This continuity assumption was corroborated by a series of checks where we tested for discontinuities in pre-DACA background characteristics at the DACA birthdate cutoff. The results (Fig. 1, bottom left) demonstrate that there was no discernible difference in the prevalence of disorder diagnoses at the same cutoff date for the pre-DACA period (2003 to quarter 2, 2012). The difference in diagnosis rates at the cutoff was an insignificant 0.4 percentage points ($P = 0.817$; local linear regression). Figure 1, bottom right, shows the distribution of P values from similar checks where we tested for discontinuities in other background covariates at the birthdate cutoff, such as the children's ethnicity, race, year of birth, and pre-DACA health care utilization (tables S3 and S4). The distribution of P values is consistent with the uniform distribution that we would expect for balance checks in a randomized experiment, indicating that there were no systematic discontinuities in the covariates at the birthdate cutoff. Furthermore, density tests for manipulation of mothers' birthdates revealed no evidence of sorting around the threshold (fig. S2). All tests suggested that our RD design can isolate the causal effects of mothers' DACA eligibility at the birthdate cutoff.

Figure 2 shows the point estimates and confidence intervals for the RD estimates of the intention-to-treat effects of mothers' DACA eligibility on the children's mental health outcomes, for the combined measure and its separate components (tables S5 and S6 and fig. S3). The estimates are based on prespecified standard local linear regression models fitted to trimmed samples including only children whose mothers' birthdates were within the adaptive mean squared error optimal bandwidths around the birthdate cutoff (38).

We found that mothers' eligibility for DACA protection led to a significant improvement in their children's mental health. Specifically, mothers' DACA eligibility reduced adjustment and anxiety disorder diagnoses in their children by 4.3 percentage points ($P = 0.023$) from a baseline rate of 7.9% among children of ineligible mothers at the threshold. This represents more than a 50% drop in the rate of these disorders, albeit with a wide 95% confidence interval (CI) for the magnitude of the estimated effect, ranging from 0.6 to 7.9 percentage points. When we looked only at adjustment disorders, which are disorders attributable to an identifiable external stressor, the estimated reduction was 4.4 percentage points ($P = 0.013$; 95% CI, 0.9 to 7.8). There was also a reduction in anxiety disorders, which is a more heterogeneous category of mental illness, but it was insignificant at conventional levels ($P = 0.153$; 95% CI, -0.6 to 4.1). Lastly, we found that for the same sample of children, before the DACA program, there were no discernible differences in these mental health diagnoses at the cutoff (Fig. 2, right).

We conducted several checks that supported the robustness of the results, such as varying the bandwidths (fig. S4), using alternative estimation procedures (fig. S5 and table S7), removing children born in the post-DACA period (fig. S6 and table S8), redefining the post-DACA period to include quarters 3 and 4 of 2012 (fig. S7 and table S9), and using alternative codings of the mental health outcomes based on the Diagnostic and Statistical Manual of Mental Disorders (fig. S8 and table S10; not prespecified). A non-prespecified subgroup analysis (fig. S9) suggested that the effect of mothers' DACA eligibility was concentrated among the older children in our sample (ages 6 to 12; table S12), with no discernible effect among younger children (ages 0 to 5; table S11); younger children are generally much less likely to receive mental health diagnoses. We also conducted a non-prespecified subgroup analysis by gender (fig. S10 and tables S13 and S14) and found that the effect of mothers' DACA eligibility on adjustment disorders was slightly more pronounced among male children, but the effect for males was not statistically significantly different from that for females ($P = 0.209$; local linear regression).

We also confirmed that there were no discernible differences in diagnoses at the same birthdate cutoff among children of mothers who were covered by standard Medicaid at the time that they gave birth (fig. S11 and table S15). These

mothers should not be affected by DACA eligibility, given that standard Medicaid in Oregon is open only to low-income U.S. citizens and long-term lawful permanent residents. This check again underscores that in the absence of changes in DACA eligibility, there is no evidence of confounders associated with having a mother who is born just before or after the cutoff date that could explain the observed post-DACA difference in child mental health outcomes.

Because health care utilization could be affected by immigration status (9), we also checked for the possibility that the drop in diagnoses reflects a DACA-induced change in health care visits, which could affect the probability of detection of mental health disorders. We found no support for this. Mothers' DACA eligibility had no discernible impact on their children's health care utilization during the post-DACA period, as measured either by the total number of visits, the number of emergency room (ER) and urgent care visits, or the number of outpatient visits (fig. S12 and table S16). Consistent with this, in a non-prespecified analysis, we also found that the effects of mothers' DACA eligibility on child mental health were similar when we restricted the sample to children who had at least one health care visit in the post-DACA period (fig. S13 and table S17).

Our results provide causal evidence supporting the theory that parental unauthorized immigration status has important intergenerational effects on the well-being and development of children in immigrant families (4, 6). Protecting unauthorized immigrants from deportation led to immediate and sizable improvements in the

mental health of their U.S. citizen children. This suggests that parents' unauthorized status is a substantial stressor that stymies normal child development and perpetuates health inequalities by transferring parental disadvantages to children.

Our findings have important implications for immigration and health care policy. As decision-makers evaluate whether to maintain, cancel, or expand the DACA program, our results suggest that a broader consideration is needed, one that goes beyond the impacts for recipients alone and takes into account the intergenerational consequences of deferred action for the health of unauthorized immigrants' children, most of whom are U.S. citizens (2). Early childhood exposure to stress and adversity does not only cause poor health and impaired development in the short term; the issues can also persist into adulthood. Anxiety and psychosocial stress are identified as risk factors for depression, substance abuse, cardiovascular diseases, and obesity (32, 34, 39, 40). Treatment of mental disorders also carries considerable economic costs to society. They account for the highest total health care expenditures of all children's medical conditions (41) and are associated with poor long-term outcomes for school performance and welfare reliance (33, 42). By reducing mental health problems, deferred action has important multiplier effects through improving the future prospects of the children of unauthorized immigrants.

Our results imply that expanding deferred action to the millions of unauthorized immigrant parents who do not meet the current DACA eligibility criteria could further promote the

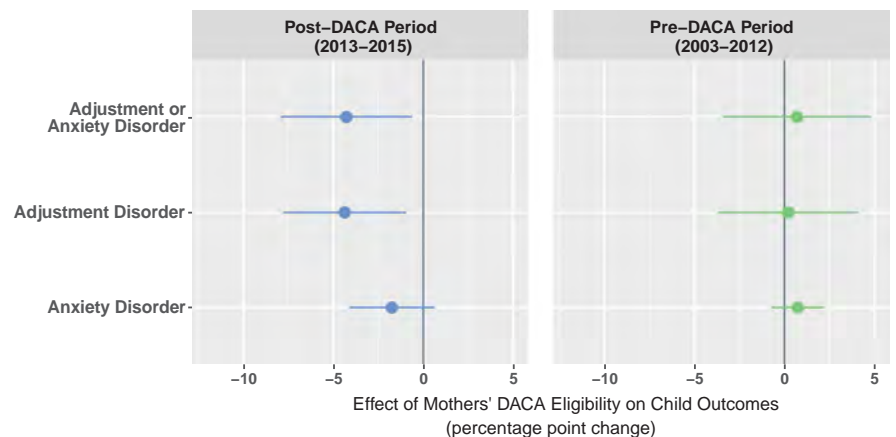


Fig. 2. Effect of mothers' DACA eligibility on their children's mental health. (Left) Mothers' DACA eligibility reduced child mental health disorders in the post-DACA period. (Right) There were no systematic, preexisting differences in the pre-DACA period. Circles with lines represent effect estimates with 95% confidence intervals from the regression discontinuity design, based on local linear regressions fitted to samples of children whose mothers' birthdates were within a symmetric bandwidth of days around the DACA eligibility cutoff. The size of the bandwidth was determined by an adaptive bandwidth selection algorithm for each outcome. The bandwidths and sample sizes for the three outcomes in the post-DACA period (top to bottom) are ± 199 days around the cutoff ($n = 3039$ children), ± 180 days ($n = 2741$), and ± 132 days ($n = 2002$); for the pre-DACA period (top to bottom), the bandwidths and sample sizes are ± 108 days ($n = 1325$), ± 109 days ($n = 1338$), and ± 211 days ($n = 2745$).

health and well-being of this next generation of American citizens. Moreover, it is reasonable to expect that permanent legal status or a pathway to citizenship would have an equal, if not greater, effect on improving children's health.

Our study also has implications for health policy research. Unauthorized immigration is an important policy issue, but researchers have struggled to generate a reliable evidence base. Although we recognize the limitations of evaluating health outcome data from one state, our sampling strategy of using Emergency Medicaid mothers and Medicaid children provides an effective way to overcome some of the challenges in collecting systematic data from the unauthorized population. This approach opens the door for future studies to examine the impacts of an array of local, state, and federal policies that affect unauthorized immigrant parents and that may have health consequences for their children.

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SUPPLEMENTARY MATERIALS

www.sciencemag.org/content/357/6355/1041/suppl/DC1
Materials and Methods
Supplementary Text
Figs. S1 to S13
Tables S1 to S17
References (43, 44)
Preregistered Analysis Plan

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DEF-INTERV.

EX. 35

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**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION**

THE REGENTS OF THE UNIVERSITY OF
CALIFORNIA and JANET NAPOLITANO,
in her official capacity as President of the
University of California,

Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
SECURITY and ELAINE DUKE, in her
official capacity as Acting Secretary of the
Department of Homeland Security,

Defendants.

CASE NO. 17-CV-05211-WHA

DECLARATION OF RALPH J. HEXTER

STATE OF CALIFORNIA, STATE OF
MAINE, STATE OF MARYLAND, and
STATE OF MINNESOTA,

Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
SECURITY, ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
of Homeland Security, and the UNITED
STATES OF AMERICA,

Defendants.

CASE NO. 17-CV-05235-WHA

CITY OF SAN JOSE, a municipal corporation,

Plaintiffs,

v.

DONALD J. TRUMP, President of the United
States, in his official capacity, ELAINE C.
DUKE, in her official capacity, and the
UNITED STATES OF AMERICA,

Defendants.

CASE NO. 17-CV-05329-WHA

DULCE GARCIA, MIRIAM GONZALEZ
AVILA, SAUL JIMENEZ SUAREZ,
VIRIDIANA CHABOLLA MENDOZA,
NORMA RAMIREZ, and JIRAYUT
LATTHIVONGSKORN,

Plaintiffs,

v.

UNITED STATES OF AMERICA, DONALD
J. TRUMP, in his official capacity as President
of the United States, U.S. DEPARTMENT OF
HOMELAND SECURITY, and ELAINE
DUKE, in her official capacity as Acting
Secretary of Homeland Security,

Defendants.

CASE NO. 17-CV-05380-WHA

COUNTY OF SANTA CLARA and
SERVICE EMPLOYEES INTERNATIONAL
UNION LOCAL 521,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States, JEFFERSON
BEAUREGARD SESSIONS, in his official
capacity as Attorney General of the United
States; ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
of Homeland Security; and U.S.
DEPARTMENT OF HOMELAND
SECURITY,

Defendants.

CASE NO. 17-CV-05813-WHA

DECLARATION OF RALPH J. HEXTER

All DACA Cases (Nos. 17-5211, 17-5235, 17-5329, 17-5380, 17-5813)

1 I, RALPH J. HEXTER, DECLARE:

2 1. I graduated *magna cum laude*, with a Bachelor of Arts degree in English and American
3 Languages and Literatures from Harvard College in 1974. I hold a Master of Arts in Classics and
4 Modern Languages from Corpus Christi College, Oxford University, and a Masters of Philosophy and a
5 Ph.D in Comparative Literature from Yale University.

6 2. I have held various academic positions at Yale University (1981-1991) and the University
7 of Colorado, Boulder (Professor of Classics and Comparative Literature, Director, Graduate Program in
8 Comparative Literature, 1991-1995). At the University of California, Berkeley, I served as Professor of
9 Classics and Comparative Literature (1995-2005), Chair of Comparative Literature (1996-1998), Dean
10 of Humanities (1998-2005) and Executive Dean of the College of Letters and Sciences (2002-2005). I
11 served as President of Hampshire College in Amherst, Massachusetts, from August 2005 through
12 December 2010.

13 3. Currently, I serve as Provost and Executive Vice Chancellor at the University of
14 California, Davis, a position I took up on January 1, 2011. (Between April 2015 and July 2017, I served
15 as Acting and then Interim Chancellor of the University.) In my capacity as Provost and Executive Vice
16 Chancellor, I have personal knowledge of the facts to which I attest in this declaration. In that role, I
17 have primary responsibility for the academic functioning of the Davis Campus and have many
18 responsibilities related to advancing and maintaining the University's multidimensional academic
19 excellence.

20 4. The University as a whole, and UC Davis, in particular, are widely cited for excellence
21 across a wide array of disciplines and measures. For example, according to the latest U.S. News &
22 World Report rankings, UC Davis is recognized as a top-10 national university based on contributions to
23 the "public good," defined as social mobility (recruiting and graduating low-income students), research
24 (producing cutting-edge scholarship and Ph.Ds.), and service (encouraging students to give something
25
26
27
28

back to their country). Moreover, last year, UC Davis was ranked among the top 10 college campuses in the country for providing social and economic mobility to its students.¹

5. The California Constitution gives the University's Board of Regents "full powers of organization and governance" of the University, subject to only narrow legislative control.² The Board of Regents has adopted Bylaws establishing responsibilities for governance of the University. Bylaw 40 recognizes that the University faculty participate in the shared governance of the University, through the agency of the Academic Senate, to ensure the quality of instruction, research and public service at the University and to protect academic freedom. The University Bylaws call for the Academic Senate to perform such duties and exercise such powers as the Board may direct, including, subject to the approval of the Board, the power to "determine the conditions for admission and for certificates and degrees." Consistent with the value the University places on academic freedom, the Board of Regents has empowered the Senate to "authorize and supervise all courses and curricula."³ Finally, the Academic Senate is empowered to "determine the membership of the several faculties and councils."⁴ In exercise of its responsibilities for shared governance of academic decision making, the Academic Senate sets the academic criteria for the high school courses that applicants must demonstrate that they have completed.

6. Among my many responsibilities as Provost at UC Davis and the primary academic administrator for the campus, I serve as the Chancellor's Principal Liaison to the System-Wide Provost in the Office of the University President. I also serve as the Chancellor's Principal Liaison to the Davis Division of the Academic Senate and the Deans and Department Heads of academic departments. Via established norms of shared governance at UC, the Academic Senate is responsible for setting overall

¹ See David Leonhardt, *California's Upward-Mobility Machine*, NY Times (Sept. 16, 2015), <https://www.nytimes.com/2015/09/17/upshot/californias-university-system-an-upward-mobility-machine.html>.

² Cal. Const., Article IX, Section 9.

³ University of California Bylaw 40.1, *Duties and Powers of the Academic Senate*.

⁴ University of California Standing Order 105.2(c): *Duties, Powers, and Privileges of the Academic Senate*.

undergraduate admissions standards and approving the admissions process, the implementation of which is overseen by the administration. Admissions into graduate programs is more decentralized, but decisions by members of the Academic Senate in the various departments and programs are determinative. The Academic Senate has primary responsibility for setting degree requirements and approving and monitoring the quality of the curriculum and the courses that are taught. The administration, through the structure of college and school deans and department chairs oversees the delivery of the curriculum. The administration is the final authority on appointments, promotion and tenure, based on evaluations and recommendations of various panels of Academic Senate members. Maintaining and enhancing the University's quality and its reputation for academic excellence is a shared endeavor.

7. Undocumented students enter the undergraduate student body at UC Davis by demonstrating that they have met the standards for academic preparation and excellence reflected in the University's admissions requirements and as a result of the University's non-discrimination policies.⁵ UC Davis has high standards for selecting students, admitting only 42% of freshman applicants with a weighted GPA range of 3.92 to 4.23. The University's admissions requirements and non-discrimination policies reflect the exercise of academic freedom jointly exercised by the Academic Senate and the University Administration. Undocumented students advance through the undergraduate curriculum in the subject matter of their choice by meeting, in the judgment of the University faculty, the same requirements for completion of coursework and requirements for their chosen major that apply to all other students. By University policy, we do not stand in the way of the academic progress of undocumented students; rather, we support them to progress successfully toward completion of their degree and development of their future career ambitions.

⁵ See *UC Davis Freshman Admission Requirements*,

<https://www.ucdavis.edu/admissions/undergraduate/freshman/requirements> (last visited Oct. 20, 2017); *UC Nondiscrimination Statement*, <http://www.ucop.edu/operating-budget/fees-and-enrollments/policies-and-resources/nondiscrimination-statement.html> (last visited Oct. 20, 2017).

1 8. As with undergraduates, undocumented students enter the graduate and professional
2 student body at UC Davis by meeting the standards for academic preparation and excellence that are
3 required by the various programs, schools and departments of the University. Some graduate programs
4 require applicants to identify general research interests or even specific research proposals before
5 gaining admission to the program. Our faculty and academic departments evaluate the research interests
6 and proposals of prospective graduate students during the admissions process to evaluate, among other
7 things, how well those interests and proposals will serve and advance the needs and development of the
8 department. As with our undergraduate programs, our graduate programs are very selective when it
9 comes to the academic acumen of admitted students, admitting on average only 25% of applicants with
10 an average undergraduate GPA of 3.55. UC Davis also receives graduate studies applications from all
11 over the world, including all fifty states and ninety-seven different countries, for the 2017-2018
12 academic year.

13 9. The University has long recognized that a diversity of backgrounds in its student
14 population enriches the educational experiences of all. To that end, the University seeks to fill its
15 academic communities with students who are academically and personally talented and representative of
16 the diverse state of California.⁶ The University believes that a diverse student body creates a fuller
17 educational experience. When the University's students and faculty learn to interact effectively with
18 individuals from different backgrounds who have perspectives different from their own, those
19 individuals are better prepared to participate in our increasingly diverse workforce and society.⁷

20 10. Students who cannot afford the total cost of attendance at UC Davis are nonetheless
21 required to pay a portion of the costs of attendance according to uniform evaluation of financial need. I
22 am informed and believe that many of the undocumented students at UC Davis have very substantial
23 financial need and that many of these students rely on work authorization obtained through the DACA
24 program in order to pay their share of the total cost of attendance. I am further informed and believe that

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26
27 ⁶ See Regents Policy 2102, *Policy on Undergraduate Admissions*.

28 ⁷ See Regents Policy 4400, *Policy on University of California Diversity Statement*.

1 many undocumented students who rely on DACA work authorization to pay their share of the total cost
2 of attendance would be unable to continue with their studies without income from their work.

3 11. The University relies on the skills and ability of our graduate students to carry out
4 teaching and research responsibilities in collaboration with members of the faculty. To varying degrees
5 in different graduate and professional programs, the academic work of the University simply cannot
6 advance without the teaching and research work of our graduate student body. Graduate students play an
7 integral role in the teaching and research missions of the University. Last year, the University received
8 just over \$780 million in research funding, a substantial portion of which supports the nearly 1,500
9 graduate students who are actively engaged in research. Additionally, the University employs over 1,700
10 teaching assistants who work closely with our faculty in teaching the University's large undergraduate
11 population. In addition, the experience of working as a teaching assistant or research assistant is a
12 strongly encouraged, if not essential, aspect to completing degree requirements in many UC Davis
13 graduate programs. For example, the UC Davis Department of English requires doctoral candidates to
14 have completed at least one year of teaching at the college level, and the Biochemistry, Molecular,
15 Cellular and Developmental Biology Graduate Group requires doctoral candidates to work as a teaching
16 assistant for at least one undergraduate biochemistry or molecular biology course. Additionally, many
17 science graduate programs, including the Graduate Group in Immunology, will incorporate employment
18 as a graduate student researcher as part of a Ph.D. student's academic plan.

19 12. By interfering with the ability of students to pay their share of the total cost of attendance
20 at UC Davis as undergraduate and graduate students, the rescission of DACA will likely cause some UC
21 Davis students who have DACA authorization to leave the student body. It is possible that UC Davis
22 will have classrooms that lose their teaching assistants and faculty who lose their research assistants as
23 of March 6, 2018. The rescission may also deter undocumented students from competing to enter the UC
24 Davis student body. These losses not only frustrate the personal ambition of the students; they also
25 frustrate the University's exercise of its academic freedom, as reflected in the thousands of academic
26 decisions the University has made to admit, advance, employ, and award degrees to our diverse student
27 body according to our students' academic work meeting the University's academic standards.
28

13. In some graduate and professional programs, travel abroad is important to a student's ability to complete their studies. For example, students in comparative studies benefit when they visit the countries they are analyzing. Students focused on languages or literature from specific regions benefit from immersive experiences that can only happen internationally. Students with research focused on or in other countries find travel to be an essential element of their work. Undocumented students depend on advance parole to benefit from and fulfill relevant degree requirements. Many UC Davis undergraduate students also take advantage of opportunities to travel abroad in order to fulfill their program and/or graduation requirements. This year alone, 1,271 students participated in the study abroad program. Without advance parole, undocumented students will be unable to take advantage of these opportunities, even where they would support or fulfill requirements of their desired major or degree.

14. Some of the University's DACA recipients serve as teaching assistants, helping educate their peers. Some work as research assistants, making discoveries and drawing connections that improve the learning outcomes of others. The rescission of the DACA program will result in the expiration of qualified educators' work authorization. The University will accordingly be unable to retain and hire qualified researchers and educators for positions that are critical to the University's teaching, research and service mission. Their loss undermines the thousands of academic decisions the University has made to admit, advance, employ, and award degrees to our diverse student body according to our students' academic work meeting the University's academic standards.

15. In conclusion, the rescission of the DACA program interferes with the University's academic decisions about who may be taught, what may be taught, how material is taught and who may do the teaching.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed on **October 24, 2017** in **Davis, California**.


RALPH J. HEXTER

DEF-INTERV.

EX. 36

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**UNITED STATES DISTRICT COURT
 NORTHERN DISTRICT OF CALIFORNIA
 SAN FRANCISCO DIVISION**

THE REGENTS OF THE UNIVERSITY OF
 CALIFORNIA and JANET NAPOLITANO,
 in her official capacity as President of the
 University of California,

Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
 SECURITY and ELAINE DUKE, in her
 official capacity as Acting Secretary of the
 Department of Homeland Security,

Defendants.

CASE NO. 17-CV-05211-WHA

**DECLARATION OF DR. ROBIN HOLMES-
 SULLIVAN**

STATE OF CALIFORNIA, STATE OF
MAINE, STATE OF MARYLAND, and
STATE OF MINNESOTA,

Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
SECURITY, ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
of Homeland Security, and the UNITED
STATES OF AMERICA,

Defendants.

CASE NO. 17-CV-05235-WHA

CITY OF SAN JOSE, a municipal corporation,

Plaintiffs,

v.

DONALD J. TRUMP, President of the United
States, in his official capacity, ELAINE C.
DUKE, in her official capacity, and the
UNITED STATES OF AMERICA,

Defendants.

CASE NO. 17-CV-05329-WHA

DULCE GARCIA, MIRIAM GONZALEZ
AVILA, SAUL JIMENEZ SUAREZ,
VIRIDIANA CHABOLLA MENDOZA,
NORMA RAMIREZ, and JIRAYUT
LATTHIVONGSKORN,

Plaintiffs,

v.

UNITED STATES OF AMERICA, DONALD
J. TRUMP, in his official capacity as President
of the United States, U.S. DEPARTMENT OF
HOMELAND SECURITY, and ELAINE
DUKE, in her official capacity as Acting
Secretary of Homeland Security,

Defendants.

CASE NO. 17-CV-05380-WHA

COUNTY OF SANTA CLARA and
SERVICE EMPLOYEES INTERNATIONAL
UNION LOCAL 521,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States, JEFFERSON
BEAUREGARD SESSIONS, in his official
capacity as Attorney General of the United
States; ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
of Homeland Security; and U.S.
DEPARTMENT OF HOMELAND
SECURITY,

Defendants.

CASE NO. 17-CV-05813-WHA

1 I, ROBIN HOLMES-SULLIVAN, DECLARE:

2 1. I am the Vice President for Student Affairs at the University of California ("UC"). The
3 matters set forth herein are true and correct of my own personal knowledge and, if called as a witness, I
4 could and would testify competently thereto.

5 2. In my role as Vice President, I oversee the overall student experience across UC's
6 campuses, and I work closely with the UC President and Provost in efforts to enhance the diversity,
7 experiences, and successes of UC students, especially undergraduate students. This includes not only
8 overseeing the UC undergraduate application process for admissions and financial support program, but
9 also monitoring diversity and campus climate, overseeing student mental health and wellness,
10 overseeing policies guiding student conduct, student activities, admissions and financial aid, and also
11 serving as an intermediary between UC campuses, UC Office of the President, and student
12 groups/leadership. In my role, I visit all UC campuses on a regular basis, where I meet and talk with
13 faculty, staff and students. My office provides overall guidance and support to a plethora of Presidential
14 Initiatives carried out on each of the campuses, including the President's Advisory Council on
15 Undocumented Students, Student Veterans, LGBT Students, Faculty and Staff, the Global Climate
16 Leadership Council, the California Community College Transfer Initiative, and the Global Food
17 Initiative, to name a few. I enjoy a close working relationship with different individuals across our
18 campuses, including student leaders and each Vice Chancellor of Student Affairs.

19 3. In my role, I have observed and heard firsthand about the abilities and experiences of
20 DACA students, as well as how the announced rescission of the DACA policy has affected them. UC
21 data shows that with the implementation of DACA in 2012, the first-year persistence rate (i.e., percent
22 of students continuing on to the second year) increased significantly for these students who could count
23 on receiving financial aid, and no longer feared deportation.

24 4. Our DACA students are very talented and make important contributions to the State of
25 California and the United States as a whole. From August 1, 2017 to August 20, 2017, Tom K. Wong of
26 the University of California, San Diego; United We Dream (UWD); the National Immigration Law
27 Center (NILC); and the Center for American Progress fielded a national survey to further analyze the
28 economic, employment, educational, and societal experiences of DACA recipients. This is the largest

1 study to date of DACA recipients with a sample size of 3,063 respondents in 46 states as well as the
2 District of Columbia. The data illustrate that DACA recipients continue to make positive and significant
3 contributions to the economy, including earning higher wages, which translates into higher tax revenue
4 and economic growth that benefits all Americans
5 ([https://www.americanprogress.org/issues/immigration/news/2017/08/28/437956/daca-recipients-](https://www.americanprogress.org/issues/immigration/news/2017/08/28/437956/daca-recipients-economic-educational-gains-continue-grow/)
6 [economic-educational-gains-continue-grow/](https://www.americanprogress.org/issues/immigration/news/2017/08/28/437956/daca-recipients-economic-educational-gains-continue-grow/)).

7 5. Additionally, our undocumented and DACA graduate students make amazing
8 contributions to medicine and technology, including through discoveries that have the potential to help
9 communities throughout California. For instance, one of our former DACA PhD students researched the
10 indicators for sudden cardiac death—the leading natural cause of death in Americans. This vital research
11 has the potential to save countless lives.

12 6. Due to their talent and chosen fields of study, DACA students serve as academic role
13 models to other students across UC's campuses. DACA students at all 10 of the campuses serve as
14 teaching assistants ("TAs"). There are, for instance, four DACA-recipient PhD students at UC Merced
15 who work as TAs. At UC Merced, 55 percent of the baccalaureate degrees awarded are in science,
16 technology, and math, and several of the DACA PhD students' focuses lie in those fields. The industries
17 that students and graduate students with science, technology, or math degrees enter are among the least
18 diverse sectors of the economy
19 (http://www.air.org/sites/default/files/downloads/report/AGEP_Lit_Review_10-26-09_0.pdf), and part
20 of both the University and UC Merced's mission to diversify historically non-diverse industries. Our
21 DACA-recipient TAs not only promise to diversify those fields upon entering the workforce, but they
22 also serve as inspiration to the diverse undergraduate students in their classes that careers in those fields
23 are attainable for them, too.

24 7. Our undocumented and DACA students' influence is not limited to the classroom. Many
25 serve as role models in the broader community. Some of our campuses are located in regions of the state
26 where a fair percentage of K-12 students are undocumented youth or members of the migrant farm
27 community. We have DACA-recipients who volunteer at these K-12 schools, showing local children
28 that a college education is attainable and worthwhile.

1 8. UC values diversity, and exposure to other perspectives is a critical part of a complete
2 education. Developing robust cultural competency requires exposure to different cultures and
3 viewpoints, and exposing others to the viewpoints of DACA recipients is an important component of
4 that. Indeed, our undocumented and DACA students are vital members of our community. We have
5 DACA students who serve as leaders of local chapters of national Greek Societies and in various student
6 clubs, are influential student leaders and serve in student government, and are heavily involved in
7 important events, such as performing the national anthem at school commencements. Through this
8 engagement—both in the classroom and around campus—DACA students interact with many people
9 and are able to share their unique perspectives with them. This enriches the social and educational
10 environment for all. The valuable cultural exchange would be impoverished if undocumented students—
11 including DACA recipients—were not on campus or were not as willing to share their stories and
12 perspectives.

13 9. DACA recipients are often model students on campus and are valuable to UC. Not only
14 do undocumented students perform very well academically, but also they are highly involved in other
15 aspects of student life and have few disciplinary issues. For example, at UC Santa Barbara, University
16 Service Awards are given each year to recognize the contributions and achievements of outstanding
17 graduating seniors and graduate students who have performed above and beyond the call of duty in
18 service to the University, the student body, and the community or have succeeded while facing
19 extraordinary challenges. For the 2016-17 year, several of the annual University Service Awards were
20 given to DACA recipients.

21 10. The announcement to rescind the DACA policy has created several harms. Our students
22 report stressors ranging from a fear of deportation, increased discrimination, and the possibility of being
23 unable to continue their studies. The most instantly recognizable impact for me—other than the various
24 psychological and emotional strains our DACA recipients report—is our current inability to provide our
25 students with the counseling resources they need.

26 11. I have spoken with DACA students who are afraid that they or their family members will
27 be detained or deported. One DACA student explained that she did not feel safe driving from campus to
28 her parents' house because doing so required passing through an immigration checkpoint. She is afraid

1 that immigration officers will learn her identity and follow her home or to campus. Not only is she
2 scared, but her fear is preventing her from visiting her family, a valuable support network for her. This is
3 not a unique story. This climate of fear has intensified since the announcement to rescind the DACA
4 policy.

5 12. We have observed an increase in anti-immigrant incidents on campus following the 2016
6 presidential election and the announcement to rescind DACA. On multiple occasions, racist posters
7 targeted at immigrants have been put up on campuses overnight. There have also been several incidents
8 where UC students are presumed to be immigrants and yelled at that they “do not belong” and that they
9 should “go home.” Our DACA students are afraid that they will be harassed or attacked because of their
10 immigration status or the fact that they “look like immigrants.”

11 13. The uncertainty of being able to pay for school is also a significant source of stress for
12 our students. Financial aid often covers part of the full tuition for DACA students, but students are
13 expected to pay for some of the cost—approximately \$10,000—out of their own pockets. Many DACA
14 recipients thus rely on their ability to work, pursuant to work authorization, to pay for this cost of
15 attendance. Beyond the need to support themselves, some DACA recipients work to provide for their
16 families. When this is the case, some DACA students view school as a lower priority than working to
17 earn as much as possible before their DACA status—and consequently their work authorization—ends.

18 14. One consequence of all these stressors is that DACA students are presently unable to
19 focus on their studies with the same intensity that they have in the past. I have heard from academic
20 counselors who have observed a dip in the academic performance of DACA recipients since the
21 rescission was announced. Professors are also concerned and report that many DACA students have
22 reached out to them to report difficulty studying, completing assignments or focusing on their school
23 work due to the stress they are experiencing. Our campus support staff have received a flood of emails
24 from faculty who are concerned for their DACA students and are unsure how best to support them. We
25 are working diligently to train our teachers about what resources exist and what they can do personally
26 to help our DACA students.

27 15. The stress caused by rescission of the DACA policy has resulted in a dramatic increase in
28 the number of requests from DACA students for mental health services. For example, at UC Merced,

1 over the weeks following the announcement to rescind DACA, demand for counseling services more
2 than doubled from 11% of the total student population to 23% of the student population. At UC
3 Berkeley, the number of appointments and walk-ins for mental health counseling increased by 90%
4 following the announcement.

5 16. I have also heard from my staff and from DACA students themselves that we need
6 psychologists and other experts who are familiar with the challenges faced by undocumented
7 individuals. Again, we are devoting time and rerouting resources to address this. Doing so undoubtedly
8 places more demands on these services by the campus community as a whole. On some campuses we
9 have increased the number of full-time staff members and hired more peer counselors to staff our mental
10 health facilities. We have also reached out to our local contacts and brought in attorneys to run “know
11 your rights” workshops. We have also invested time and money into our UndocuAlly training program,
12 through which we teach our counselors and some of our faculty about what it means to be
13 undocumented in this country. This better prepares our staff to provide our DACA students the services
14 they need.

15 17. Our staff is working tirelessly to address the acute demand for services following the
16 announcement to rescind the DACA policy. I have observed the increased hours and emotional toll that
17 this has had on our staff as they try to provide DACA students with information and support, and I am
18 concerned that staff members will burn out and seek employment elsewhere.

19 18. I and some of my colleagues are also concerned that the uncertainty surrounding the
20 DACA policy will result in a loss of current and future students. For example, I have heard that two
21 undergraduate students at UCLA called to cancel their enrollment after DACA’s rescission was
22 announced. I have heard from several Vice Chancellors who are preparing for the possibility that DACA
23 students will leave on an upcoming break from classes and will not return to school. Some of these
24 students may decide not to return due to a desire to work and support their families while they can or to
25 minimize the student debt they accrue before their DACA status expires. For others, though, the choice
26 is out of their hands. Some families are deciding to leave the country and are taking their children with
27 them. Still others depend on their DACA status for basic necessities. We have at least one DACA
28 student who serves as a resident advisor, a position that comes with room and board but requires work

1 authorization. If this student loses their work authorization—which they will when their DACA status
2 expires—they will lose their home.

3 19. Our PhD students and others will not be able to continue as TAs without work
4 authorization. Being a TA is a full-year commitment, and part of a TA's compensation is graduate
5 school tuition reduction. When these students lose DACA status, they can no longer be employed as
6 TAs, and their tuition will be higher, directly impacting their ability to pay for graduate school. UC will
7 also have to scramble to find replacement TAs to take over teaching responsibilities mid-term. This, like
8 our other efforts, will require time, energy, and money on UC's part. But beyond the administrative
9 costs, losing our DACA TAs also deprives us of their impact as role models to diverse undergraduates
10 who might be considering advanced degrees in historically non-diverse fields. Accordingly, if we lose
11 these diverse PhD candidates, then our commitment to diversifying these fields is harmed.

12 20. I, my staff, and the high school counselors we interact with are all concerned about a
13 possible decrease in the number of undocumented applicants to UC as a result of the uncertainty created
14 by the rescission of DACA. High school students are concerned about whether they will be accepted by
15 their peers and the institution. They are also worried about the financial burden. As discussed, UC
16 students need to cover some of the cost of attendance, and high school students are worried that, without
17 work authorization, they will be unable to support themselves through school.

18 21. We are trying to respond to the possible loss of both current and future students by
19 creating focused communication campaigns. Currently, we are ramping up our efforts to convince our
20 current students that they belong here and that we are doing all we can to provide them the institutional
21 support they need. One of our staff members is spending time writing and sending out weekly updates
22 discussing DACA-related news and campus resources. Vice Chancellors are spending time personally
23 reaching out to donors, trying to raise money that we can provide to undocumented students and DACA-
24 recipients as stipends or grants.

25 22. In addition to diverting money, we are also spending time and energy making sure that
26 qualified high school students who would normally apply to UC still do so this year. We have hosted
27 outreach conferences around the state in order to provide information to address the current confusion
28 and concern that exists among high school counselors and their students. Nevertheless, the fear and

1 uncertainty looms large and, according to our outreach counselors, is having a negative impact on the
2 recruitment of students who have DACA, despite our positive messages.

3 23. We are also trying to secure replacement housing for the DACA RA who faces the
4 looming threat of losing their home. Thus, we are rapidly diverting resources to address these serious,
5 imminent harms.

6 24. We are not the only institution that has recognized these pending harms, but we are
7 quickly deploying our resources to address them. Other educational institutions like local community
8 colleges and high schools are concerned about the same issues and have reached out to us for help and
9 advice creating their own resources or borrowing from our approach.

10 25. UC recognizes that the institution and broader community are harmed if we lose current
11 students and qualified future students. By losing our undergraduate and graduate DACA students and by
12 missing out on qualified students who would otherwise attend, we are losing inspiring individuals who
13 have served as role models to various kinds of students, brilliant minds, and a source of diversity that is
14 important to building cultural competency and diversifying traditionally non-diverse professions.

15 I declare under penalty of perjury under the laws of the United States that the foregoing is true
16 and correct.

17 Executed on October 24, 2017 in Oakland, California.

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21 DR. ROBIN HOLMES-SULLIVAN
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DEF-INTERV.

EX. 37

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**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION**

THE REGENTS OF THE UNIVERSITY OF
CALIFORNIA and JANET NAPOLITANO,
in her official capacity as President of the
University of California,

Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
SECURITY and ELAINE DUKE, in her
official capacity as Acting Secretary of the
Department of Homeland Security,

Defendants.

CASE NO. 17-CV-05211-WHA

**DECLARATION OF DR. CATHERINE
LUCEY**

STATE OF CALIFORNIA, STATE OF
MAINE, STATE OF MARYLAND, and
STATE OF MINNESOTA,

Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
SECURITY, ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
of Homeland Security, and the UNITED
STATES OF AMERICA,

Defendants.

CASE NO. 17-CV-05235-WHA

CITY OF SAN JOSE, a municipal corporation,

Plaintiffs,

v.

DONALD J. TRUMP, President of the United
States, in his official capacity, ELAINE C.
DUKE, in her official capacity, and the
UNITED STATES OF AMERICA,

Defendants.

CASE NO. 17-CV-05329-WHA

DULCE GARCIA, MIRIAM GONZALEZ
AVILA, SAUL JIMENEZ SUAREZ,
VIRIDIANA CHABOLLA MENDOZA,
NORMA RAMIREZ, and JIRAYUT
LATTHIVONGSKORN,

Plaintiffs,

v.

UNITED STATES OF AMERICA, DONALD
J. TRUMP, in his official capacity as President
of the United States, U.S. DEPARTMENT OF
HOMELAND SECURITY, and ELAINE
DUKE, in her official capacity as Acting
Secretary of Homeland Security,

Defendants.

CASE NO. 17-CV-05380-WHA

COUNTY OF SANTA CLARA and
SERVICE EMPLOYEES INTERNATIONAL
UNION LOCAL 521,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States, JEFFERSON
BEAUREGARD SESSIONS, in his official
capacity as Attorney General of the United
States; ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
of Homeland Security; and U.S.
DEPARTMENT OF HOMELAND
SECURITY,

Defendants.

CASE NO. 17-CV-05813-WHA

I, CATHERINE LUCEY, DECLARE:

1. I am the Vice Dean of the University of California San Francisco School of Medicine (“UCSF”). The matters set forth herein are true and correct of my own personal knowledge and, if called as a witness, I could and would testify competently thereto.

2. I direct the UCSF graduate, undergraduate, and continuing medical education programs. This includes responsibility for medical student education and medical residency programs.

3. UCSF is a leading institution dedicated to advancing health worldwide through advanced biomedical research, graduate-level education in the life sciences and health professions, and excellence in patient care. Our mission is to advance human health through education, research, patient care, and public service. To fulfill our mission, UCSF is committed to training physicians from all backgrounds and cultures, and to developing a diverse community in all training programs.

4. I understand that there are approximately twelve DACA recipients who are currently health professional students (medical, dental, pharmacy or nursing) across the University of California Health system (“UC Health”), including students at UCSF. UCSF has one fourth year medical student and one first year medical student who are DACA recipients.

5. Admission to our medical school is extraordinarily competitive. Less than 5% of applicants are admitted in an average year, and those admitted have exceptionally high grade point averages (both generally and in science courses specifically) and scores on standardized tests. For the 2017 class, for example, we received 8,078 applicants for a class of 145 students. Our DACA students gained admission to UCSF because of their individual records of high achievement. For example, our fourth year DACA recipient is among the top of his class academically and has emerged as a leader in catalyzing his peers and faculty to address the public health needs of immigrant and other vulnerable populations. He was awarded an Excellence in Public Health Service award in April of this year from the U.S. Public Health Service.

Immediate Harm to Medical Students from the DACA Rescission

6. The announced rescission of the DACA policy threatens serious harm to DACA-recipient fourth-year medical students at UC Health who are trying to obtain residency positions. Medical residency positions require employment authorization. The rescission of the DACA policy is causing

1 uncertainty around their DACA employment authorization, and therefore jeopardizing the only chance
2 these students have to obtain a residency position and to complete their residency.

3 7. Medical students must complete a residency program to become fully-licensed
4 physicians. Medical residency is a three to eight year process. Upon graduation, approximately 98% of
5 UCSF students go into residency programs.

6 8. Employment authorization is required at the outset and for the duration of all residency
7 programs. This is because medical residents actively practice medicine in a clinical setting and care for
8 patients. Residents serve as a critically important workforce for all academic hospitals. They care for
9 patients as employees while they simultaneously learn as residents. Work authorization is thus essential
10 for residents throughout their residency.

11 9. Physician graduates of American medical schools, including UCSF Medicine, are not
12 eligible for a medical license until they have completed at least one year of residency training. Without a
13 residency position, UC Health medical school graduates cannot practice medicine in the United States.

14 10. The matching to residency programs for all medical residency positions in the United
15 States will occur in mid-February through to mid-March 2018. Residency matching therefore coincides
16 with the March 5, 2018 end of the DACA program and the expiration of any DACA status for which
17 renewal is not granted before then. Matching between residency positions and interested students is open
18 exclusively to fourth-year medical students. These students are already beginning to collect materials in
19 anticipation of the registration process for matching.

20 11. The process of matching students to residency position is highly controlled by the
21 National Residency Matching Program (NRMP) for all 146 medical schools and every residency
22 position in the United States. The NRMP matching process fills virtually every available residency spot
23 in the country. It becomes almost impossible to obtain a desirable residency position after the matching
24 process ends. The matching process therefore represents our students' only realistic chance to become
25 medical residents, and consequently, their only realistic chance to become physicians.

26 12. The announced rescission of the DACA policy has created great hesitancy among
27 residency programs as to whether to accept otherwise highly-qualified DACA students as matches.
28 Students indicate their DACA status on their application to the NRMP for matching and each residency

1 program has the discretion to accept or refuse to consider DACA candidates. I am not aware of any
2 guidance from the NRMP on whether programs should accept DACA candidates.

3 13. Residency programs at UCSF and, as I understand it, in other locations across the United
4 States are concerned that if they accept DACA recipients as matches, that resident will be unable to start
5 or complete their residency because they will lose their work authorization. This is a very real worry;
6 residencies are three to eight years and the rescission of DACA means DACA students' work
7 authorizations will expire during this period. The hesitancy to accept DACA recipients as residents is
8 understandable, as it would be difficult for a school to replace a trained resident with another qualified
9 candidate partway through a residency program. Such programs are often specialized in particular areas
10 of healthcare. This uncertainty over DACA student employment authorization is making it less likely
11 that UCSF DACA students will obtain residency positions, which they would have otherwise obtained if
12 the DACA policy continued.

13 14. This predicament also means our DACA students are considering self-selecting out of
14 their one-time opportunity to participate in the residency match program. Our students understand that it
15 is an exceptionally serious commitment to accept any matched residency position. It is an ethical and
16 legal commitment to carry out the care of patients in the position for which they are matched. To break a
17 match once it is made, the students would have to obtain a waiver from the NRMP. Students who obtain
18 a waiver are then viewed as high-risk candidates for any future positions. Residency positions are
19 already rarely available after the matching occurs; high-risk candidates with waivers are even less likely
20 to obtain these rare positions.

21 15. The uncertainty of their employment status puts at risk our DACA students' ability to
22 practice medicine in the United States, which in turn threatens their current and future investment in
23 their medical education. UC Health medical students invest significantly in their education, graduating
24 with median student loans totaling approximately \$154,000. The students have taken on this debt with
25 the expectation that they will be able to rely on DACA to become practicing physicians, with the ability
26 to earn an income commensurate with that investment. The rescission of DACA puts in serious jeopardy
27 the students' investment.
28

1 16. Finally, the rescission of DACA will leave our DACA students unable to train in
2 Veterans Affairs hospitals (the “VA healthcare system”). The VA healthcare system is an extremely
3 significant training resource for UCSF students. The VA has high-quality, integrated community care
4 and training facilities that serve as an invaluable part of our mission to educate modern physicians. All
5 UCSF students and one-third of UCSF’s residents train in the VA healthcare system.

6 17. The rescission of the DACA policy means our DACA students will no longer be able to
7 train in the VA healthcare system, which requires authorization to work lawfully in the United States.
8 This will be a significant loss of opportunity for our DACA students. It will be extremely difficult and
9 costly for UCSF to replicate the training DACA students would have received if they can no longer
10 work in the VA healthcare system.

11 **Harms to UCSF School of Medicine and California Communities from the DACA Rescission**

12 18. The DACA rescission threatens significant harm to UCSF and UC Health. We estimate
13 that UC Health invests approximately \$70,000 per year in each students’ medical education, which is 4-
14 years. If our students do not secure residency positions, our significant investment in their education
15 and training is lost. This impacts UCSF’s ability to achieve its mission of advancing human health
16 through education and patient care, because the students will not go on to become practicing physicians
17 in the United States.

18 19. UCSF is preparing physician-leaders who are expected to make significant contributions
19 to healthcare, medicine, and science in their careers. Accordingly, we invest significant financial
20 resources in all of our students, including our DACA students. Student tuition provides less than 50% of
21 the resources required to educate our medical students. UCSF absorbs the remaining cost of student
22 education. The financial commitment to educate a single medical student represents a long-term
23 investment in that student’s success, since it can take 10 years or more for a medical doctor to complete
24 all of his or her training. The attrition rate at UCSF is historically very low, and most of our students
25 obtain residency positions, so our DACA students are otherwise likely to complete their education. If
26 medical students leave UCSF before completing their program, or are unable to become physicians
27 because of the rescission of the DACA policy, our investment in them is lost.

DEF-INTERV.

EX. 38

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**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION**

THE REGENTS OF THE UNIVERSITY OF
CALIFORNIA and JANET NAPOLITANO,
in her official capacity as President of the
University of California,

Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
SECURITY and ELAINE DUKE, in her
official capacity as Acting Secretary of the
Department of Homeland Security,

Defendants.

CASE NO. 17-CV-05211-WHA

**DECLARATION OF DR. JAMES L.
MADARA, MD**

1 STATE OF CALIFORNIA, STATE OF
2 MAINE, STATE OF MARYLAND, and
STATE OF MINNESOTA,

3 Plaintiffs,

4 v.

5 U.S. DEPARTMENT OF HOMELAND
6 SECURITY, ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
7 of Homeland Security, and the UNITED
STATES OF AMERICA,

8 Defendants.

CASE NO. 17-CV-05235-WHA

9 CITY OF SAN JOSE, a municipal corporation,

10 Plaintiffs,

11 v.

12 DONALD J. TRUMP, President of the United
13 States, in his official capacity, ELAINE C.
DUKE, in her official capacity, and the
14 UNITED STATES OF AMERICA,

15 Defendants.

CASE NO. 17-CV-05329-WHA

16 DULCE GARCIA, MIRIAM GONZALEZ
17 AVILA, SAUL JIMENEZ SUAREZ,
18 VIRIDIANA CHABOLLA MENDOZA,
NORMA RAMIREZ, and JIRAYUT
LATTHIVONGSKORN,

19 Plaintiffs,

20 v.

21 UNITED STATES OF AMERICA, DONALD
22 J. TRUMP, in his official capacity as President
of the United States, U.S. DEPARTMENT OF
23 HOMELAND SECURITY, and ELAINE
DUKE, in her official capacity as Acting
Secretary of Homeland Security,

24 Defendants.

CASE NO. 17-CV-05380-WHA

1 COUNTY OF SANTA CLARA and
2 SERVICE EMPLOYEES INTERNATIONAL
3 UNION LOCAL 521,

4 Plaintiffs,

5 v.

6 DONALD J. TRUMP, in his official capacity
7 as President of the United States, JEFFERSON
8 BEAUREGARD SESSIONS, in his official
9 capacity as Attorney General of the United
10 States; ELAINE DUKE, in her official
11 capacity as Acting Secretary of the Department
12 of Homeland Security; and U.S.
13 DEPARTMENT OF HOMELAND
14 SECURITY,

15 Defendants.

CASE NO. 17-CV-05813-WHA

1 I, JAMES L. MADARA, MD, HEREBY SUBMIT THE FOLLOWING DECLARATION IN
2 SUPPORT OF THE PLAINTIFFS IN THE ABOVE-CAPTIONED MATTERS:

3 1. I am a Medical Doctor as well as the Chief Executive Officer and Executive Vice
4 President of the American Medical Association (the "AMA"), an Illinois not-for-profit corporation. I
5 am also an adjunct professor of pathology at Northwestern University in Chicago, Illinois.

6 2. The AMA is the largest professional association of physicians, residents and medical
7 students in the United States. Additionally, through state and specialty medical societies and other
8 physician groups, seated in the AMA's House of Delegates, substantially all United States physicians,
9 residents and medical students are represented in the AMA's policy making process. The objectives of
10 the AMA are to promote the science and art of medicine and the betterment of public health. Its
11 members practice in every state and in every medical specialty.

12 3. It is the position of the AMA that our nation's health care workforce depends on the care
13 provided by physicians and medical students with Deferred Action for Childhood Arrivals ("DACA")
14 program status. These physicians and students are trained at medical schools in the United States and
15 fill gaps in patient care, as well as offset the current deficit in the physician workforce. The Health
16 Resources and Services Administration reported that there is a current shortage of over 8,200 primary
17 care physicians. Likewise, an independent study by the Association of American Medical Colleges has
18 projected that the total physician deficit will grow to between 61,700 and 94,700 physicians by 2025.
19 American born physicians will, by themselves, be unlikely to fill these shortages. Estimates have shown
20 that the DACA initiative could help introduce 5,400 previously ineligible physicians into the U.S. health
21 care system in the coming decades to help address these shortages and ensure patient access to care.

22 4. Removing medical professionals with DACA status will create care shortages,
23 particularly for rural and other underserved areas. DACA physicians are more likely to work in high-
24 need areas where communities face challenges in recruiting other physicians. DACA students are also

1 more likely to be bilingual, to come from diverse cultural backgrounds, and to understand challenges in
2 certain ethnic communities. The AMA is concerned that without these DACA physicians, the quality of
3 care provided in these communities will decline and patient access to care will suffer.

4 5. Those protected by the DACA program also include medical students, residents, and
5 fellows who are working to complete the lengthy and rigorous training and education needed to become
6 a physician. In 2016, 108 students with DACA status applied to U.S. allopathic medical schools. Those
7 who enrolled will now face uncertainty about completing their degrees, paying their student loans, and
8 serving patients. Furthermore, if DACA residents are unable to complete their training, which typically
9 spans three to six years after medical school, this could potentially waste graduate medical education
10 funds, leave training slots unfilled, and generally exacerbate the physician shortage our country is
11 facing, especially for our most vulnerable patients. The AMA believes that for the good of the DACA
12 recipients and our nation's healthcare system as a whole, these DACA recipients should be able to
13 continue to study, work, and improve patient access to care without the fear and uncertainty of being
14 removed before their training is completed.

15 6. Those with DACA status help contribute to a diverse and culturally responsive physician
16 workforce, which benefits all patients. These individuals have demonstrated their commitment to the
17 United States in numerous ways by attending medical school, training to become doctors, caring for
18 patients, conducting research, and improving our health care system.

19 7. Additionally, on behalf of the AMA, I previously submitted a letter to Senate Majority
20 Leader Mitch McConnell, Senate Democratic Leader Chuck Schumer, Speaker of the House Paul Ryan,
21 and House Democratic Leader Nancy Pelosi on September 5, 2017, describing AMA's position
22 regarding the cancellation of DACA as I have explained it here, and urging Congress to support DACA
23 recipients and pass a legislative solution in the near future. A true and correct copy of that letter is
24 attached to this declaration as Exhibit A.

1
2
3 I declare under penalty of perjury under the laws of the State of Illinois that the foregoing is true
4 and correct.

5 Executed on 10/25, 2017, in Chicago, Illinois.


6
7
8 
James L. Madara, M.D.

EXHIBIT A



JAMES L. MADARA, MD
EXECUTIVE VICE PRESIDENT, CEO

ama-assn.org
t (312) 464-5000

September 5, 2017

The Honorable Mitch McConnell
Senate Majority Leader
United States Senate
S-230 U.S. Capitol
Washington, DC 20510

The Honorable Chuck Schumer
Democratic Leader
United States Senate
S-221 U.S. Capitol
Washington, DC 20510

The Honorable Paul Ryan
Speaker of the House of Representatives
U.S. House of Representatives
H-232 U.S. Capitol
Washington, DC 20515

The Honorable Nancy Pelosi
Democratic Leader
U.S. House of Representatives
H-204 U.S. Capitol
Washington, DC 20515

Dear Majority Leader McConnell, Democratic Leader Schumer, Speaker Ryan, and Democratic Leader Pelosi:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to urge Congress to take prompt action to protect and provide stability for individuals with Deferred Action for Childhood Arrivals (DACA) status. President Trump's recent announcement to end the DACA program in six months fails to recognize the enormous contributions of hundreds of thousands of individuals who are living, working, and providing vital services in the United States, including health care services. We particularly are concerned that this reversal in policy could have severe consequences for many in the health care workforce, impacting patients and our nation's health care system. Accordingly, we urge Congress to act quickly to ensure that individuals with DACA status are able to remain in the United States.

Our nation's health care workforce depends on the care provided by physicians and medical students with DACA status, who are trained at medical schools in the United States and fill gaps in patient care, as well as offset the deficit in the physician workforce. The Health Resources and Services Administration reported that there is a current shortage of over 8,200 primary care physicians. Likewise, an independent study by the Association of American Medical Colleges has projected that the total physician deficit will grow to between 61,700 and 94,700 physicians by 2025. Estimates have shown that the DACA initiative could help introduce 5,400 previously ineligible physicians into the U.S. health care system in the coming decades to help address these shortages and ensure patient access to care.

Removing those with DACA status will particularly create care shortages for rural and other underserved areas. DACA physicians are more likely to work in high-need areas where communities face challenges in recruiting other physicians. DACA students are also more likely to be bilingual, to come from diverse cultural backgrounds, and to understand challenges in certain ethnic communities. Without these

The Honorable Mitch McConnell
The Honorable Chuck Schumer
The Honorable Paul Ryan
The Honorable Nancy Pelosi
September 5, 2017
Page 2

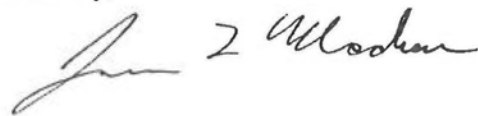
physicians, the AMA is concerned that the quality of care provided in these communities will be negatively impacted and that patient access to care will suffer.

Those protected by the DACA program also include medical students, residents, and fellows who are working to pass the lengthy and rigorous training and education needed to become a physician. In 2016, 108 students with DACA status applied to U.S. allopathic medical schools. Those who enrolled will now face uncertainty about completing their degrees, paying their student loans, and serving patients. Furthermore, if DACA residents are unable to complete their training, which typically spans three to six years after medical school, this could potentially waste graduate medical education funds, leave training slots unfilled, and generally exacerbate the physician shortage our country is facing, especially for our most vulnerable patients. The AMA believes that these DACA recipients should be able to continue to study, work, and improve patient access to care without the fear and uncertainty of being deported before their training is completed.

The Administration has acknowledged that Congress could act to continue the DACA program and has provided a six-month timeframe for lawmakers to consider alternatives. The AMA urges Congress to pass legislation, such as the Dream Act of 2017 (S. 1615/H.R. 3440), that would provide a solution to ensure DACA recipients are protected and do not face continuous threats and potential legal challenges.

Those with DACA status help contribute to a diverse and culturally responsive physician workforce, which benefits all patients. These individuals have demonstrated their commitment to the United States in numerous ways by attending medical school, training to become doctors, caring for patients, conducting research, and improving our health care system. We therefore urge Congress to support these DACA recipients and pass a legislative solution in the near future.

Sincerely,

A handwritten signature in dark ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and a stylized "M".

James L. Madara, MD

DEF-INTERV.

EX. 39

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**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION**

THE REGENTS OF THE UNIVERSITY OF
CALIFORNIA and JANET NAPOLITANO,
in her official capacity as President of the
University of California,

Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
SECURITY and ELAINE DUKE, in her
official capacity as Acting Secretary of the
Department of Homeland Security,

Defendants.

CASE NO. 17-CV-05211-WHA

DECLARATION OF KEVIN M. MAXWELL

STATE OF CALIFORNIA, STATE OF
MAINE, STATE OF MARYLAND, and
STATE OF MINNESOTA,

Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
SECURITY, ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
of Homeland Security, and the UNITED
STATES OF AMERICA,

Defendants.

CASE NO. 17-CV-05235-WHA

CITY OF SAN JOSE, a municipal corporation,

Plaintiffs,

v.

DONALD J. TRUMP, President of the United
States, in his official capacity, ELAINE C.
DUKE, in her official capacity, and the
UNITED STATES OF AMERICA,

Defendants.

CASE NO. 17-CV-05329-WHA

DULCE GARCIA, MIRIAM GONZALEZ
AVILA, SAUL JIMENEZ SUAREZ,
VIRIDIANA CHABOLLA MENDOZA,
NORMA RAMIREZ, and JIRAYUT
LATTHIVONGSKORN,

Plaintiffs,

v.

UNITED STATES OF AMERICA, DONALD
J. TRUMP, in his official capacity as President
of the United States, U.S. DEPARTMENT OF
HOMELAND SECURITY, and ELAINE
DUKE, in her official capacity as Acting
Secretary of Homeland Security,

Defendants.

CASE NO. 17-CV-05380-WHA

COUNTY OF SANTA CLARA and
SERVICE EMPLOYEES INTERNATIONAL
UNION LOCAL 521,

CASE NO. 17-CV-05813-WHA

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States, JEFFERSON
BEAUREGARD SESSIONS, in his official
capacity as Attorney General of the United
States; ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
of Homeland Security; and U.S.
DEPARTMENT OF HOMELAND
SECURITY,

Defendants.

I, Kevin M. Maxwell, Ph.D., declare and state as follows:

1. I am the Chief Executive Officer of Prince George's County Public Schools (PGCPS)
located within the State of Maryland.

2. I have served as the Chief Executive Officer of PGCPS since 2013.

3. PGCPS is invested in providing academic excellence within a safe and welcoming
school environment for all its 131,000 students, 19,000 employees, and families.

4. As the second largest school system in Maryland and the 25th largest in the country,
we take seriously our role as educational leaders. Our district represents a myriad of
races/ethnicities, with over 93% of our students identifying as African American/Black and
Latino/Hispanic, 64% receiving Free and Reduced Priced Meals, 22,000 English Learners, and
47,000 international students. Our students speak over 164 languages from over 129 countries.
PGCPS is providing a world class education for the next wave of American leaders.

5. As we abide by federal regulations, PGCPS does not track students' immigration
status. However, through requests for support received by staff, decreased attendance and
decreased parental engagement when Immigration and Custom Enforcement (ICE) was feared, we
are aware that our district has a significant number of undocumented youth and families, some of

1 which receive benefits currently in place under the Deferred Action for Childhood Arrivals
2 (DACA) Program.

3 6. It stands to reason that our county then has a large number of DACA and DACA
4 eligible recipients.

5 7. As a district we have emphasized an investment in our English Learners and new
6 Americans, in the following ways: opening two international high schools to meet the needs of our
7 new Americans; creation of the Office of Diversity Affairs, to provide systemic input to removing
8 barriers for students to access educational opportunities; and increased funding for the Office of
9 Interpreting and Translation to provide language access to families of English Learners.

10 8. We see these investments in our students and families as an integral piece in fulfilling
11 our mission to educating thriving citizens. Education is the cornerstone of any federal or state plan
12 to increase economic opportunities. Research overwhelming demonstrates that students with a high
13 school diploma, associate's degree, and bachelor's degree earn more than students who drop out of
14 school. When students stay in school and pursue post-secondary opportunities, juvenile
15 delinquency and crime is reduced.

16 9. The potential impact of the termination of DACA on our students, families, staff, and
17 community could be unprecedented. With over 47,000 international students in PGCPs we
18 anticipate the following negative impacts: decreased attendance as students will no longer see post-
19 secondary education as a possibility and will drop out sooner to pursue work in a shadow
20 economy; diminished resources to serve the needs of this vulnerable population, as district funding
21 is determined in large part by the total number of students enrolled; and increased need for social-
22 emotional supports, such as trauma informed counselors, as students see families in their
23 communities torn apart as a result of deportation.

24 10. In anticipation of the enactment of the termination of DACA, PGCPs has
25 convened a Rapid Response Team comprised of the Diversity Officer, General Counsel, and senior
26 staff from the offices of Pupil Accounting, Student Services, and Security Services. We are
27
28

1 developing training and protocols to provide support to school-based administrators and staff in the
2 event that they have parents who are detained by Immigration and Customs Enforcement (ICE)
3 and have left no provisions for the care of their children.

4 **11.** In addition, Prince George's County Public Schools continues to stand
5 committed to safeguarding the personal information of our families to the fullest extent of the law.
6 We cannot provide instruction under a cloak of fear and our schools cannot become the campus on
7 which ICE decides to conduct their operations. We must abide by
8 our federal civil rights laws and ensure the rights of *all* students to a free public school education.

9
10 I declare under penalty of perjury under the laws of the United States that the foregoing is true and
11 correct.

12
13 Executed on 10/26/17 in Upper Marlboro, Maryland.

14
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16 KEVIN M. MAXWELL, PH.D

DEF-INTERV.

EX. 40

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**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION**

THE REGENTS OF THE UNIVERSITY OF
CALIFORNIA and JANET NAPOLITANO,
in her official capacity as President of the
University of California,

Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
SECURITY and ELAINE DUKE, in her
official capacity as Acting Secretary of the
Department of Homeland Security,

Defendants.

CASE NO. 17-CV-05211-WHA

DECLARATION OF ANNE MCLEOD

DECLARATION OF ANNE MCLEOD

All DACA Cases (Nos. 17-5211, 17-5235, 17-5329, 17-5380, 17-5813)

STATE OF CALIFORNIA, STATE OF
MAINE, STATE OF MARYLAND, and
STATE OF MINNESOTA,

Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
SECURITY, ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
of Homeland Security, and the UNITED
STATES OF AMERICA,

Defendants.

CASE NO. 17-CV-05235-WHA

CITY OF SAN JOSE, a municipal corporation,

Plaintiffs,

v.

DONALD J. TRUMP, President of the United
States, in his official capacity, ELAINE C.
DUKE, in her official capacity, and the
UNITED STATES OF AMERICA,

Defendants.

CASE NO. 17-CV-05329-WHA

DULCE GARCIA, MIRIAM GONZALEZ
AVILA, SAUL JIMENEZ SUAREZ,
VIRIDIANA CHABOLLA MENDOZA,
NORMA RAMIREZ, and JIRAYUT
LATTHIVONGSKORN,

Plaintiffs,

v.

UNITED STATES OF AMERICA, DONALD
J. TRUMP, in his official capacity as President
of the United States, U.S. DEPARTMENT OF
HOMELAND SECURITY, and ELAINE
DUKE, in her official capacity as Acting
Secretary of Homeland Security,

Defendants.

CASE NO. 17-CV-05380-WHA

COUNTY OF SANTA CLARA and
SERVICE EMPLOYEES INTERNATIONAL
UNION LOCAL 521,

CASE NO. 17-CV-05813-WHA

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States, JEFFERSON
BEAUREGARD SESSIONS, in his official
capacity as Attorney General of the United
States; ELAINE DUKE, in her official
capacity as Acting Secretary of the Department
of Homeland Security; and U.S.
DEPARTMENT OF HOMELAND
SECURITY,

Defendants.

DECLARATION OF ANNE MCLEOD

All DACA Cases (Nos. 17-5211, 17-5235, 17-5329, 17-5380, 17-5813)

1 I, Anne McLeod, declare:

2 1. I am the Senior Vice President, Health Policy and Innovation, with the California Hospital
3 Association (CHA). I have served at CHA in this, and similar positions, for more than 10 years. CHA
4 represents hospitals and health systems in California on state and federal legislative and regulatory
5 issues. In my role, I provide leadership for developing policy objectives that support the implementation
6 of health care reforms and the transformation of health care in the future. I have worked on health
7 policy issues that include access to care, health care coverage and health care financing and delivery
8 system improvement. In my work I have promoted initiatives aimed at enhancing the health care
9 infrastructure, including developing strategic solutions to meet the demand for health care professionals
10 and supporting education and training programs that promote expanding access to care in all
11 communities in California including underserved areas.

12 2. Access to medical insurance is an important component of public health. By providing work
13 authorization, DACA has significantly improved access to employer-based health insurance. More than
14 90 percent of DACA grantees are employed, and 57 percent of DACA grantees credit the program with
15 securing a job with health insurance or other benefits, according to a 2017 survey.¹ These individuals
16 are not eligible to purchase health insurance in a Marketplace, even at full cost, and they are not eligible
17 for federal tax credits to make private health insurance in the Marketplace affordable.² Maintaining
18 access to employer-based health insurance is, therefore, an important driver for both individual and the
19 health of the communities where DACA grantees live and work.

20 3. Having health care coverage helps individuals get the appropriate care when needed,
21 including preventative services and primary care. Further, when kids and families receive necessary
22 preventative care they have better attendance in school and their parents are better able to work.
23 Without access to insurance, their health and the health of the community could be jeopardized.

24 _____
25 ¹ Tom K. Wong et al., *2017 National DACA Study* (last visited Oct. 10, 2017),
26 <https://cdn.americanprogress.org/content/uploads/2017/08/27164928/Wong-Et-Al-New-DACA-Survey-2017-Codebook.pdf>.

27 ² Dinah Wiley, *For DACA Grantees, Health insurance Is (Only) a Dream*, Georgetown University
28 Health Policy Institute (Apr. 11, 2014), <https://ccf.georgetown.edu/2014/04/11/for-daca-youth-health-insurance-is-only-a-dream/>.

1 4. Getting the proper level of treatment in a timely manner helps reduce health costs for
2 everyone. California hospitals have worked hard to reduce costs through delivery system reform, care
3 coordination and clinical efficiencies. These innovations mean patients often recover quicker and can
4 return to work and home sooner. Lower utilization results in lower costs. When individuals and
5 families don't have health care coverage, they also lose access to care. Providers don't get paid to treat
6 uninsured individuals. When patients can't be seen by a primary care doctor, they often turn to hospital
7 emergency rooms—the most expensive place to be treated—as a last resort. Preserving emergency
8 rooms for those truly needing emergency care ensures life-saving treatment is there when needed for
9 everyone.

10 5. Caring for patients in the appropriate setting can lower costs and improve patient well-being.
11 Sometimes the hospital is not the appropriate level of care for patients. But when a patient is uninsured,
12 other providers such as nursing home, rehabilitative services or other post-acute care settings are not
13 willing to accept hospital patients unless there is a form of payment guaranteed. This means the
14 uninsured can stay in the hospital longer than what is needed, increasing costs for the entire health care
15 system. Patients recover quicker when they receive timely and appropriate care in the appropriate
16 setting. And, the proper level of treatment is often less costly.

17 6. Hospitals have not directly reported information to CHA as to whether or not they employ
18 DACA recipients. However, it is estimated that at least 4 percent of DACA recipients are working in
19 health care in some capacity.³ Further, an estimated 222,000 of the 800,000 total DACA recipients are
20 from California.⁴ This means that approximately 8,880 DACA recipients in California are working in
21 health care in some capacity. Many of those health care jobs could be in hospitals or health systems
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23 _____
24 ³ Randy Capps, et al., *The Education and Work Profiles of the DACA Population*, Migration Policy
25 Institute, p. 6 (Aug. 2017), [https://www.migrationpolicy.org/research/education-and-work-profiles-](https://www.migrationpolicy.org/research/education-and-work-profiles-daca-population)
26 [daca-population](https://www.migrationpolicy.org/research/education-and-work-profiles-daca-population).

27 ⁴ USCIS, *Number of Form I-821D, Consideration of Deferred Action for Childhood Arrivals by Fiscal*
28 *Year, quarter, Intake Biometrics and Case Status Fiscal Year 2012-2017* (Mar. 31, 2017),
https://www.uscis.gov/sites/default/files/USCIS/Resources/Reports%20and%20Studies/Immigration%20Forms%20Data/All%20Form%20Types/DACA/daca_performancedata_fy2017_qtr2.pdf.

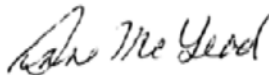
1 with hospitals. This is no small number for an industry already facing significant labor shortages. These
2 individuals are most likely serving diverse communities with health professional shortage designations,
3 like the central valley. In addition, 65 DACA recipients were enrolled in medical school in the 2016-
4 2017 school year, and an additional 113 DACA recipients had applied to medical school in 2016.⁵ There
5 are no specific estimates as to how many of the medical students are in California; however, given the
6 high percentage of DACA individuals in California and the high percentage of medical students that are
7 trained in the state, an estimate of one-third of those medical students are likely studying in California.
8 These future physicians are more likely to work in high-need areas where communities face challenges
9 in recruiting new physicians. DACA students are also more likely to be bilingual, come from diverse
10 cultural backgrounds, and understand the challenges of providing health care in diverse communities—
11 attributes that are underrepresented by today's medical professionals. When communities are served by
12 medical professionals that understand the language and cultural sensitivities that are unique to them,
13 care is improved and better outcomes are achieved.

14 7. As the national debate continues over federal immigration policies, hospitals have reported
15 to CHA that there is a growing level of wariness and fearfulness from individuals who might need
16 medical care but do not seek care for fear of deportation or reporting. In response to this growing
17 concern, CHA developed a comprehensive toolkit of materials on hospital practices related to federal
18 immigration policies for member hospitals and health systems. The toolkit includes resources to help
19 hospitals communicate with their patients, employees and community stakeholders. The resources help
20 convey to patients that hospitals have always provided care to everyone in need, regardless of a person's
21 ability to pay, the language they speak or their immigration status. It is important to preserve the health
22 of communities and protect the public's health. If immigrant groups start avoiding institutions like
23 hospitals because they are fearful of the federal government learning of their status, the health of
24 communities could be at risk.

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27 ⁵ Sunny Nakae, et al., *Considerations for Residency Programs Regarding Accepting Undocumented*
28 *Students Who Are DACA Recipients*, Association of American Medical Colleges (2017),
https://undocu.ucsf.edu/sites/undocu.ucsf.edu/files/Considerations_for_Residency_Programs_Regarding_DACA_Recipients_2017.pdf.

1 I declare under penalty of perjury under the laws of the United States that the foregoing is
2 true and correct.

3 Executed on October 24, 2017, at Sacramento, California.

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7 ANNE MCLEOD
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